**Jackson Public Schools (for employees only)** Accounts Payable Dept.--Travel AP REF#_____

# TRAVEL REQUEST FORM

**BUDGET STRING _____ -900- _____ -_____- 580- _____ (Required - Funds Must Be Available)**

**ESTIMATED COST OF TRIP**

WORK LOCATION

WORK # ALTERNATE #

**DATES AND LOCATION OF TRAVEL (attach copy of conference brochure)**

TRAVEL DATE(S) **From** **To**

PURPOSE

**HOTEL RESERVATION: Made by Traveler? Yes No TO BE MADE BY AP STAFF? Yes No**

**CONFIRMATION #:**_____ (Standard Room - two double or one king)

Preference # 1 Address
(must be conference hotel)

Preference #2 Address

Preference #3 Address

**REGISTRATION FOR STAFF DEVELOPMENT ( WORKSHOPS, SEMINARS, CONFERENCES, TRAINING)**

**TRANSPORTATION (check mode of transportation)**

Airline Train Personal Rental Car (AP s35Td[P)4r)-3(ef)-