

**HAZLEHURST CITY SCHOOL DISTRICT**  
**119 Robert McDaniel Drive**  
**Hazlehurst, MS 39083**

**Mr. Cloyd Garth, Superintendent**

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# TRAVEL AUTHORIZATION

CHECK ALL APPLICABLE TRAVEL ITEMS REQUESTED:

IN-STATE  OUT-OF-STATE  TRAVEL ADVANCE

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Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Dates of Travel: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Destination: \_\_\_\_\_

Title of Meeting: \_\_\_\_\_

Purpose/Benefit of Travel: \_\_\_\_\_

\_\_\_\_\_

Total Estimated Cost: \$\_\_\_\_\_ Travel Advance Requested: \$\_\_\_\_\_

Budget Account to be charged: \_\_\_\_\_

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Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Approved \_\_\_\_\_ Denied: \_\_\_\_\_

(Reason)

Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

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## Worksheet

### ESTIMATED COST

Air	\$ _____
Meals (___ Days @ \$____/Day)	\$ _____
Lodging (___ Days @ \$____/Day)	\$ _____
Registration	\$ _____
Rental (___ Days @ \$____/Day)	\$ _____
Mileage (___ Miles @ \$0.56/mile)	\$ _____
Other _____	\$ _____
<b>TOTAL</b>	\$ _____