

DeSoto County Schools
Federal Programs Department
 Title Travel Requisition

List the appropriate fund:

Title _____

Participant Information:
 Name: _____ School: _____
 Email: _____@dcsms.org Position: _____

Conference/Workshop Information:
 Complete Name of Conference or Workshop: _____
 (No Acronyms)

 Site of Conference or Workshop: _____
 Address of Site: _____

 Beginning Date _____ Ending Date _____ Starting Time _____ Ending Time _____

Registration Needed: ___ NO ___ YES

A copy of the conference agenda must be attached.
DO NOT REGISTER prior to having a Purchase Order and/or Approval from the Federal Programs Director.

Cost

Registration	Vendor Name:				Registration amount:
	Vendor Payment Address:				\$
	Vendor Telephone #		Vendor Fax #		Membership dues:
	Username & Password		Vendor Website		\$

Check-In Date: _____ Check-Out Date: _____ Rooming with another person (list name): _____

Hotel Accommodations	#1 Preferred Hotel Name:				Cost per night \$	X 20% tax
	Address:				(# of days)	
	Telephone #		Fax #		=	
	#2 Preferred Hotel Name:				Cost per night \$	X 20% tax
	Address:				(# of days)	
	Telephone #		Fax #		=	

Airline Reservation Needed: ___ NO ___ YES

Air Transportation	Name, as listed on driver's license:				\$
	Date of Birth: (MM/DD/YYYY)	Cell Phone Number:			

Prearranged Expenses Subtotal	\$
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