

TRAVEL REQUEST FORM

School/Department: Vancleave High School

Employee's Name: David W. Sutherland

Type of Travel: Non-Local

Start Date of Trip: 12/09/2026

End Date of Trip: 12/09/2026

Destination: City: Daphne

State: AL

Trip/Name of Workshop: Wrestling: Quad Meet at Bayside Academy

ITEMS NEEDING FUNDING (Check all that apply)

- ☐ Registration Fee Vendor Name:
(Fee schedule required) Amount:
- ☐ Hotel Vendor Name:
(Confirmation or quote required) Amount:
- ☐ Rental Vehicle Vendor Name:
(Two quotes required) Amount:
- ☐ Mileage Reimbursement (Personal Vehicle) OR
- ☐ Fuel Reimbursement (School or Rental Vehicle) Not to exceed:
- ☐ Meals (overnight stay required) (calculated per DFA rates) Not to exceed:
- ☐ Airfare (including baggage fees) (two quotes required) Not to exceed:
- ☐ Taxi, Shuttle, or other transportation
- ☐ Parking
- ☐ Other (specify):

COST SOURCE REQUESTED Select One

Employee's Signature

(by signing, the employee acknowledges having read the JCSD Travel Policy OJDAA and the JCSD Travel Procedure's Manual)

Principal's Signature:


Raina Holmes (09/09/2026 08:57:05 CDT)

Director's Signature:


Dean Lepoma (09/09/2026 09:37:29 CDT)

Assistant Superintendent's Signature:


Christopher Lebatard (09/09/2026 09:46:30 CDT)

Superintendent's Signature:

Insert Board
Approved
Stamp Here