

TRAVEL REQUEST FORM

School/Department: Vancleave High School

Employee's Name: David W. Sutherland

Type of Travel: Non-Local

Start Date of Trip: 12/28/2026

End Date of Trip: 12/28/2026

Destination: City: Gulf Shores

State: AL

Trip/Name of Workshop: Wrestling: Gulf Shores Scuffle

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 D1DAA and the JCSD Travel Procedure's Manual)

Principal's Signature:

Director's Signature:

Assistant Superintendent's Signature:

Superintendent's Signature:

Insert Board
Approved
Stamp Here