

TRAVEL REQUEST FORM

School/Department: Vancleave High School

Employee's Name: David W. Sutherland

Type of Travel: Non-Local

Start Date of Trip: 01/08/2027

End Date of Trip: 01/10/2027

Destination: City: Freeport

State: FL

Trip/Name of Workshop: Wrestling: Freeport Dog Pound Duals

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/DJAAA and the JCSD Travel Procedure's Manual)

Principal's Signature:


Raina Holmes (09/09/2026 08:58:03 CDT)

Director's Signature:


Dean Lepoma (09/09/2026 09:36:02 CDT)

Assistant Superintendent's Signature:


Christopher Lebatard (09/09/2026 09:39:31 CDT)

Superintendent's Signature:

Insert Board
Approved
Stamp Here