

TRAVEL REQUEST FORM

School/Department: Vancleave Athletics
Employee's Name: Timothy Hitt
Type of Travel: Non-Local

Start Date of Trip: 10/18/2026 End Date of Trip: 10/20/2026
Destination: City: Tunica State: MS
Trip/Name of Workshop: Girls Golf State Tournament

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

Athletics

1154-900-1920-000-580/810-20-0102/

Employee's Signature

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

Timothy Hitt
Timothy Hitt (10/01/2026 10:55:57 CDT)

Principal's Signature:

Raina Holmes
Raina Holmes (10/01/2026 14:12:22 CDT)

Director's Signature:

Dean Lepoma
Dean Lepoma (10/01/2026 14:31:43 CDT)

Assistant Superintendent's Signature:

Christopher Lebatard
Christopher Lebatard (10/01/2026 14:47:28 CDT)

Superintendent's Signature:

Insert Board
Approved
Stamp Here