

**Washington County School District
Travel Request for use of
Comprehensive Guidance Funds**

Name of person making request _____ School _____

Names of other participants _____

What is the school's current counselor/student ratio? _____

Title of training _____

Sponsor of training _____

Location of training _____

Date & time of training _____

How does this training relate to Comprehensive Guidance? _____

What other training/travel have these participants taken or plan to take this school year?

Budget

Registration	\$ _____ (cost per person)	X	_____ = \$ _____ (number of participants)
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Travel (1 vehicle/training)	_____	X	_____ = \$ _____ (.32/mile)
__ own vehicle __ district vehicle	(round trip miles)		

Meals (\$36/day or \$9/breakfast \$11/lunch, \$16/dinner)	\$ _____ (cost per person)	X	_____ = \$ _____ (number of participants)
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Lodging (double occupancy when possible, up to \$90/room & bring back the motel receipt)	\$ _____ (cost per room)	X	_____ = \$ _____ (number of rooms)
			Total Cost \$ _____

Please attach a copy of information about the training, registration etc. and a brief travel itinerary.

Teacher Signature _____ Date _____

Principal Approval _____ Date _____

Counseling Coordinator _____ Date _____