

**LEXINGTON COUNTY SCHOOL DISTRICT ONE
TRAVEL REQUEST**

Date:

Person(s) Traveling:

Purpose of Travel:

Date(s) of Travel

Destination/Location:

Payee/Vendor:

Account Number:

Total Amount: \$

**Are you a presenter or
attendee:**

**Why travel is "mission
critical":**

Requested by:

**Administrative
Authorization:**

**Print Name of Person
Authorizing:**

**Finance
Approval:**

**Omission of any of these items or any action taken outside of this process will cause a
delay in processing the request.**