Southern Regional Education Board
592 10th Street, N.W. • Atlanta, GA 30318-5776
Phone: (404) 875-9211 • Fax: (404) 872-1477

Travel Reimbursement - DSP Institute

ATTN: Veda Overton-Houston

All Requests for Travel Reimbursement Must Be Submitted No Later Than NOVEMBER 16, 2026 to veda.overton-houston@sreb.org

Name: _____ **Date:** _____

Address to Mail Check: _____

Date(s) of Trip: October 29 - November 1, 2026 **Purpose:** The Institute on Teaching & Mentoring

City & State, or Site Name and Location: Crystal Gateway Marriott, Arlington, Virginia

Transportation: Specify points of departure and arrival, and means of transportation.

Departure City: _____ **Arrival City:** Arlington, VA

Form of Transportation: _____

		Reimburse
Actual Miles:	**@ 63 Cents Per Mile Round-trip**	
Automobile Rental:		

Baggage/Parking/Other: Indicate expenditures for each day in categories below.

Date	Baggage	Parking	Other		
				=	
				=	
				=	
				=	
				=	
				=	
				=	
			Total		

Explanation of OTHER items: _____

NOTE: All expenditures must be supported by detailed dated RECEIPTS and emailed with this form.

Personal Signature: _____
E-signature or Typed

For SREB Use Only

Approved for Payment: _____
Supervisor

_____
Director

Project to be Charged: CFDINST

For Office Use Only

FUND	GRANT YR	GL	DEPT	ACTIVITY	STATES	SCHOOL	STUDENT	CONF&WKSHP	DR

Document No: _____ **Session ID:** _____