PERRY COUNTY BOARD OF EDUCATION
TRAVEL REIMBURSEMENT REQUEST
**IN COUNTY TRAVEL**

| VENDOR LEAVE BLANK | |
|---|---|
| Vendor #: | |
| Check #: | |
| Amount $: | |
| Date Paid: | |

Name: _____ Address: _____ Phone #: _____

Month/Year: _____ School/Dept: _____ Position: _____

| DATE | MILEAGE | DEPARTED FROM | TRAVELED TO | TRAVELED TO | TRAVELED TO | | DATE | MILEAGE | DEPARTED FROM | TRAVELED TO | TRAVELED TO | TRAVELED TO |
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***Travel Reimbursement request must be submitted to Central Office within 30 days of the date of travel.***

| | | | per mile | |
|---|---|---|---|---|
| **TOTAL MILEAGE** | | **April 1-June 30, 2020** | **$0.40** | |
| **TOTAL MILEAGE** | | **July 1 - Sept 30, 2020** | **$0.39** | |

**PAY FROM:** _____ **TOTAL REIMBURSEMENT** _____
Account/Project

**ORG:** _____ **OBJECT:** _____ **PROJECT:** _____

VENDOR'S CERTIFICATION
I hereby certify that the above is a correct statement of account due from the Perry County Board for expenses incurred on behalf of the Perry County Board of Education

Signed _____ Payment Recommended by _____

APPROVED FOR PAYMENT : School: _____ District: _____