

PERRY COUNTY BOARD OF EDUCATION
Approval & Reimbursement Request for
OUT OF COUNTY TRAVEL

VENDOR LEAVE BLANK

Check # _____ Amt. \$ _____ Date Paid _____

NAME _____ SCHOOL/DEPT _____ POSITION _____ **Vendor #** _____

ADDRESS: Street/Box _____ City _____ State _____ ZIP _____ **Phone #** _____

TRAVEL REQUEST TO (CITY) _____ (STATE) _____ FOR THE PURPOSE OF ATTENDING _____

This event begins on _____ 20__ at _____ and ends on _____ 20__ at _____. To attend this event I will need to depart on _____ 20__ at _____ and should arrive back in the district on _____ 20__ at _____.

DATE(S)	PRE APPROVED MEAL EXPENSES not provided by other sources. Administrator approving travel must fill in dates and amount approved for meals.			TICKETS, BILLS, INVOICES ETC. MUST BE ATTACHED FOR REIMBURSEMENT FOR THESE EXPENSES				
	BREAKFAST \$7 6:30 a.m to 9:00 a.m.	LUNCH \$8 11:00 a.m. to 2:00 p.m.	SUPPER \$15 5:00 p.m. to 9:00 p.m.	ROOM	TOLL	PARKING	REGISTRATION	DAILY TOTAL

All signatures must be completed before reimbursement.

Total Miles Driven 04-01-2020 to 06-30-2020 _____ X \$.40 \$ _____

Total Miles Driven 07-01-2020 to 9-30-2020 _____ X \$.39 \$ _____

I hereby certify that the above is a correct statement of account due from the Perry Co Board of Education for expenses incurred on behalf of the Perry County Schools

Employee's signature: _____ Date : _____

Administrative signature: _____ Date : _____

Travel Reimbursement request must be submitted to Central Office within 30 days of the date of travel.

\$ _____

TOTAL EXPENSE REIMBURSEMENT

*Travel Reimbursement request must be submitted to Central Office within 30 days of the date of travel.
 *If district credit card is being used for any purpose of this travel, supporting documentation must be submitted by employee before any reimbursement is given.

Finance Officer Review: _____