

**COVINGTON COUNTY SCHOOLS
TRAVEL REIMBURSEMENT REQUEST**

NAME: _____

APPROVED _____

Superintendent of Education

Source of Funds _____

Supervisor

Date	Points of Travel	Hour of Departure		Hour of Return		Private Car Miles
		A.M.	P.M.	A.M.	P.M.	
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					

TOTAL AMOUNT FOR TRANSPORTATION:
_____ Miles @ 0.70 Per Mile

Transportation Total \$ _____

Miscellaneous Total \$ _____

Grand Total \$ _____

Detail meal and other miscellaneous expenses. You must furnish receipts for all reimbursements.	

<p>I hereby certify that the travel and expenses indicated were incurred for official duties pursuant to authorization granted by the Superintendent.</p> <p align="center">Signature</p>
