

**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 \_\_\_\_\_  
 TRAVEL REQUEST TO (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ FOR THE PURPOSE OF ATTENDING \_\_\_\_\_

**ALL INFORMATION BELOW SHOULD BE COMPLETE AND ACCURATELY REFLECT THE AGENDA OF THE CONFERENCE/TRAINING**

Beginning Date of Event: \_\_\_/\_\_\_/\_\_\_ Ending Date of Event: \_\_\_/\_\_\_/\_\_\_ Travel began \_\_\_/\_\_\_/\_\_\_ Travel ended \_\_\_/\_\_\_/\_\_\_  
 Beginning Time of Event: \_\_\_\_\_ am/pm Ending Time of Event: \_\_\_\_\_ am/pm Beginning Travel Time \_\_\_\_\_ am/pm Ending Travel Time: \_\_\_\_\_ am/pm

**MEAL REIMBURSEMENT SHOULD NOT INCLUDE MEALS PROVIDED BY OTHER SOURCES AT NO EXPENSE TO THE EMPLOYEE**

DATE(S)	BREAKFAST \$7	LUNCH \$8	SUPPER \$15	SUPPORTING DOCUMENTATION MUST BE ATTACHED				
	6:30 a.m. to 9:00 a.m.	11:00 a.m. to 2:00 p.m.	5:00 p.m. to 9:00 p.m.	ROOM	TOLL	PARKING	REGISTRATION	DAILY TOTAL

**All signatures must be completed before reimbursement.**

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. If district credit card is being used for any purpose of this travel, supporting documentation of charges must be submitted by employee before any reimbursement is given.

Total Miles Driven 10-1-2022 to 12-31-2022 \_\_\_\_\_ X \$ .46  
 Total Miles Driven 4-01-2022 to 06-30-2022 \_\_\_\_\_ X \$ .53

Total Mileage Reimbursement	\$ _____
Total Food Reimbursement	\$ _____
Total Room/Parking/Registration Reimbursement	\$ _____
<b>TOTAL REIMBURSEMENT</b>	<b>\$ _____</b>

**Account to be paid from \_\_\_\_\_-0580-\_\_\_\_\_**

Finance Officer Review: \_\_\_\_\_