PERRY COUNTY SCHOOLS

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

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

TOTAL MILEAGE		**July 1 - Sept 30, 2024**	**$0.45**		
TOTAL MILEAGE		**April 1 - June 30, 2024**	**$0.45**		

TOTAL REIMBURSEMENT [ ]

PAY FROM: _____ / 0580 / _____
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

Employee Signature _____

School Administrator (if applicable) _____

District Administrator (if applicable) _____

Finance Officer Review:

OUT OF COUNTY

PERRY COUNTY SCHOOLS

VENDOR LEAVE BLANK		
Check # _____	Amt. $_____	Date Paid _____

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

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

	(A) BREAKFAST $7 6:30 a.m to 9:00 a.m.	(B) LUNCH $8 11:00 a.m. to 2:00 p.m.	(C) SUPPER $15 5:00 p.m. to 9:00 p.m.	(D) ROOM	(E) TOLL	(F) PARKING	(G) REGISTRATION	DAILY TOTAL A+B+C+D+E+F+G
DATE(S)				SUPPORTING DOCUMENTATION MUST BE ATTACHED				

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 :** _____

Total Miles Driven 07-01-2024 to 09-30-2024 _____ **X $ .45**

Total Miles Driven 04-01-2024 to 06-30-2024 _____ **X $ .45**

Total Mileage Reimbursement $

Total Food Reimbursement $

Total Room/Parking/Registration Reimbursement $

TOTAL REIMBURSEMENT $

Account to be paid from _____ -0580- _____

Finance Officer Review: