



PIKE ROAD SCHOOLS

TRAVEL REIMBURSEMENT FORM

EMPLOYEE NAME _____

HOME ADDRESS _____

BASE _____

DESTINATION OF TRAVEL _____

(Including city/state)

DATES OF TRAVEL

BEGINNING _____

ENDING _____

MILEAGE EXPENSE

FROM _____

TO _____

(Certified personnel calculates mileage from Home or Base, whichever is closest)

ROUNDTrip _____

MILES @ _____ CENTS/MILE

REGISTRATION EXPENSES

(Attach original receipt)

MEAL PER DIEM

(Overnight Trips Only)

DAYS @ _____

HOTEL EXPENSES

(Attach original receipt)

NIGHTS @ _____

CONFERENCE HOTEL yes no

(Attach Documentation)

AIRLINE TICKETS

(Purchased by employee - Attach receipt)

OTHER/MISC. TRAVEL EXPENSES

(Attach original receipts)

DESCRIPTION OF EXPENSE

EXPENSE

GRAND TOTAL

ATTACH A COPY OF APPROVED PROFESSIONAL LEAVE FORM, AGENDA AND CERTIFICATE OF ATTENDANCE (If available)

I hereby certify that the above is a correct statement of expenses incurred by me in the performance official duties for the Pike Road City Board of Education

Employee Signature _____

Date _____

Principal's/Director's Signature _____

Date _____