	TRAVEL REIMBUR	SEMENT REQUEST	VENDOR LEAVE BLANK						
	OUT OF COUNTY SCHOOLS OUT OF COUNTY		Check # Amt. \$				Date Paid		
Tra	vel Reimburseme	nt request must b	e submitted to Ce	ntral Office	within	30 days o	of the date of	travel.	
NAME SCHOOL/DEPT					-	-			
ADDRESS: Street/Box									
TRAVEL REQUEST TO (CITY) (STA			TE) FOR THE PURPOSE OF ATTENDING						
	ALL INFORMATION BE	LOW SHOULD BE COMPI	LETE AND ACCURATELY	REFLECT THE	AGENDA	OF THE CON	IFERENCE/TRAIN	ING	
Beginning Date of Event:// Ending Date of Event://					Travel began// Travel ended//				
Beginning Time o	of Event: am/pm I	am/pm	Beginning Tra	Beginning Travel Time <i>am/pm</i> Ending Travel Time: am/pm					
	MEAL REIMBURSEME	ENT SHOULD NOT INCLU	DE MEALS PROVIDED BY RECIEPTS MUST BE AT		CES AT NO	DEXPENSE	TO THE EMPLOY	E	
	(A) (B) (C)			SUPPORTING DOCUMENTATION MUST BE ATTACHED					
	BREAKFAST \$12	LUNCH \$15	SUPPER \$23	(D)	(E)	(F)	(G)	DAILY TOTAL	
DATE(S)	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	A+B+C+D+E+F+G	
					-				
All signatures must be completed before reimbursement.					Total Miles Driven 04-01-2025 to 06/30/2025 X \$ .42				
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				То	Total Miles Driven 01-01-2025 to 03/31/2025 X \$ .43				
					Total Mileage Reimbursement \$				
Employee's signature: Date :					Total Food Reimbursement \$				
Administrative signature: Date :					Total Room/Parking/Registration Reimbursement				
					TOTAL REIMBURSEMENT				
Account to be paid from0580					Finance Officer Review:				