CONECUH COUNTY BOARD OF EDUCATION STATEMENT OF OFFICIAL TRAVEL

Name: _____

Repayment Fund Source: _____

Address: _____

					Reimbursement Amounts					
	POINTS OF TRAVEL			Total	Mileage					
Date	From	То	Purpose	Miles	(Total Miles x \$0.545)	Per Diem	Room	Meals	Misc.	Amount
Total Each Column										
Detail miscellaneous expenses and furnish receipts when required. Receipts for meals and room <u>must</u> be attached. For out of county/state travel always attach approval forms. If applicable, please attach a completed PD Evaluation form. Use extra sheets when necessary. <u>Miscellaneous includes parking, registration fee, toll fee, etc.</u>							TOTAL EXPENSE			

I hereby certify that the travel and expense indicated here on was accomplished in the performance of official duties pursuant to travel authority granted me.

 Signature of Traveler
 Date
 Signature of Approver
 Date
 Signature of Director
 Date
 Signature of Superintendent
 Date

All requests for travel reimbursement must be completed and received at the Central Office within <u>30 days</u> from the date of travel completion. Failure to submit with the required timeframe shall result in reimbursement being denied except in extreme circumstances. Mileage rate is subject to change.