

## COFFEE COUNTY BOARD OF EDUCATION

## Travel Reimbursement Request

**Name of Employee:**

**Reason for Trip:** \_\_\_\_\_

**Employee Address:** \_\_\_\_\_

**Home Base (circle one):**  Kinston  NBES  NBMS  NBHS  ZCS  CO  Bus Shop

I HEREBY CERTIFY THAT THE TRAVEL AND EXPENSE INDICATED HEREON WAS ACCOMPLISHED  
IN THE PERFORMANCE OF OFFICIAL DUTIES PURSUANT TO TRAVEL AUTHORITY GRANTED ME.

MILEAGE (Number of miles x .725 per mile):

**OTHER EXPENSES: Hotel, Parking, Food, Registration, Misc.:**

*\*Amended January 2026\**

## **REQUIREMENTS for Reimbursement**

**You must attach ALL ITEMIZED original receipts**

**No more than a 15% tip will be reimbursed**

**You MUST attach the agenda for any conference attended**

**One (1) reimbursement form per conference**

Signature of Traveler: \_\_\_\_\_

Date: \_\_\_\_\_

**TOTAL REIMBURSEMENT REQUEST:**

\*\*\*FOR OFFICE USE ONLY\*\*\*

Signature of Administrator:

Date:

Approval for Payment: \_\_\_\_\_ Date: \_\_\_\_\_