

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

VENDOR LEAVE BLANK							
Vendor #:							
Check #:							
Amount \$:							
Date Paid:							

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
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	<u> </u>		TOTAL	_ MILEAGE		] January	/ 1 - Marc	ch 31, 2026	\$0.42		
			MILEAGE		October 1 - Dec 31, 2025			\$0.43			
								TOTAL REIN	MBURSEMENT		
					DAY FROM	-		/ 050	20. /		
					PAT FRUIT.	:	OF	/ 058 RG OBJ	JECT PRO	JECT	
	R'S CERTI ertify that the	FICATION  e above is a correct s	statement of accou	unt due from the P	erry County Board	for expense:	s incurred or	n behalf of the Perry	County Board of E	Education	
Employe	e Signatur	e									
School Administrator (if applicable)								Finance Office	er Review:		
		or (if applicable) _							I mance ome	or review.	