

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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			L MILEAGE				31, 2024	\$0.43			
	TOTAL		L MILEAGE		July 1 - Sept 30, 2024			\$0.45			
								TOTAL REIN	MBURSEMENT		
					DAY EDOM			/ 058	20 /		
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		IFICATION 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 A	Administrate	or (if applicable) _							Finance Office	or Paview:	
		or (if applicable) _								n Review.	