

## PERRY COUNTY SCHOOL DISTRICT TRAVEL SHEET



**EMPLOYEE NAME:** \_\_\_\_\_  
**SCHOOL/DEPARTMENT:** \_\_\_\_\_  
**BUDGET CODE:** \_\_\_\_\_  
**VENDOR NUMBER:** \_\_\_\_\_

**RATE OF TRAVEL** \$0.625 CENTS PER MILE  
**MEAL REIMBURSEMENT** \$46.00 PER DAY FOR OVERNIGHT LODGING ONLY

**FOR THE MONTH OF \_\_\_\_\_**

DATE	TO	FROM	REASON	MILES	AMOUNT
<b>TOTAL</b>					

**SIGNATURE:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**VERIFIED BY:** \_\_\_\_\_

**\*\*MUST ATTACH APPROVED "REQUEST TO ATTEND FORM" ALONG WITH VERIFICATION OF ATTENDANCE TO WORKSHOPS, SEMINARS, CONFERENCES AND ORIGINAL RECEIPTS UPON SUBMISSION OF TRAVEL REIMBURSEMENT FORM FOR PAYMENT TO BE PROCESSED.**