

**COFFEE COUNTY BOARD OF EDUCATION  
Travel Reimbursement Request**

Name of Employee: \_\_\_\_\_

Home Base (circle one):    Kinston    NBES    NBHS    ZC    CO    Bus Shop

Address: \_\_\_\_\_

Date mm/dd/yy	POINTS OF TRAVEL		Private Car Miles	Hour of Departure		Hour of Return		Hotel	Food	Registration	Misc
	From City	To City		From Base	AM / PM	To Base	AM / PM				
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<b>TOTALS</b>								\$	\$	\$	\$

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 .70\* per mile): \_\_\_\_\_

*\*Effective January 1, 2025*

OTHER EXPENSES: Hotel, Food, Registration, Misc.: \_\_\_\_\_

Signature of traveler: \_\_\_\_\_

**\*\*\* You must attach hotel, food, parking, registraton, and miscellaneous receipts to receive reimbursement.\*\*\***

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_\_  
DAY OF \_\_\_\_\_.

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

TOTAL REIMBURSEMENT REQUEST: \_\_\_\_\_

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

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