PERRY COUNTY SCHOOLS

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

TOTAL MILEAGE _____ **April 1 - June 30, 2026** **$0.47** _____

TOTAL MILEAGE _____ **January 1 - March 31, 2026** **$0.42** _____

TOTAL REIMBURSEMENT _____

PAY FROM: _____ / 0580 / _____
ORG **OBJECT** **PROJECT**

VENDOR'S CERTIFICATION

I hereby certify that the above is a correct statement of account due from the Perry County Board for expenses incurred on behalf of the Perry County Board of Education

Employee Signature _____

School Administrator (if applicable) _____

District Administrator (if applicable) _____

Finance Officer Review: