PERRY COUNTY BOARD OF EDUCATION TRAVEL REIMBURSEMENT REQUEST IN COUNTY 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
		 					ļ				
	-						 				
							+				
	 				<u> </u>	ı 	 				
	 		<u> </u>			<u> </u>	<u> </u>				
		 									
											
TOTAL		TOTAL	_ MILEAGE	MILEAGE July 1- Sept 30, 2023				\$0.46 \$0.45			
	Travel Reimbursement request must be submitted to Central		TOTAL	TOTAL MILEAGE April 1-June 30, 2023							
Office v	within 30 d of trav	lays of the date						TOTAL REIN	//BURSEMENT		
			1		PAY FROM	:		/ 058	R∩ /		
MENDO	DIO OEDTI	EIGATION			••••		OR	iG OBJ	JECT PRO	JECT	
	R'S CERTII					.					
Educatio	on	the above is a co			•	County Bo	ard for exp	enses incurred or	n behalf of the ⊬	erry County Bo	ard of
	ee Signature Administrato	e or (if applicable) _									
District A	dministrate	or (if applicable) _							Finance Office	er Review:	