## **COFFEE COUNTY BOARD OF EDUCATION**

## Travel Reimbursement Request

Name of Employee:	yee: Employee Address:										
Reason for Trip:						Home Base (	circle one): K	inston NBES	NBMS NBHS	zcs co	Bus Shop
<u> </u>						•					
Date	TRAVEL				Date	EXPENSES					
mm/dd/yy	From City	From City To City		m	m/dd/yy	Hotel	Parking	Food	Registration	Misc	
TOTALS				тот	ALS						
I HEREBY CERTIFY THAT THE TRAVEL AND EXPENSE INDICATED HEREON WAS ACCOMPLISHE					REQUIREMENTS for Reimbursement						
IN THE PERFORMANCE OF OFFICIAL DUTIES PURSUANT TO TRAVEL AUTHORITY GRANTED M						You must attach <u>ALL ITEMIZED</u> original receipts					
						No more than a 15% tip will be reimbursed					
MILEAGE (Number of miles x .70 per mile):						You MUST attach the agenda for any conference attended					
OTHER EXPENSES: Hotel, Parking, Food, Registration, Misc.:						One (1) reimbursement form per conference					
*Amended January 2025*						TOTAL REIMBURSEMENT REQUEST:					
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Signature of Traveler:				Date:			***FOR OFFICE USE ONLY***				
Signature of Administrator:				Date:		Approval f	Approval for Payment: Date:				