



TRAVEL REIMBURSEMENT REQUEST

OUT OF COUNTY

VENDOR LEAVE BLANK

Check # _____ Amt. \$ _____ Date Paid _____

Travel Reimbursement request must be submitted to Central Office within 30 days of the date of travel.

NAME _____ SCHOOL/DEPT _____ POSITION _____ Vendor # _____
 ADDRESS: Street/Box _____ City _____ State _____ ZIP _____

TRAVEL REQUEST TO (CITY) _____ (STATE) _____ FOR THE PURPOSE OF ATTENDING _____

ALL INFORMATION BELOW SHOULD BE COMPLETE AND ACCURATELY REFLECT THE AGENDA OF THE CONFERENCE/TRAINING

Beginning Date of Event: ___/___/___ Ending Date of Event: ___/___/___ Travel began ___/___/___ Travel ended ___/___/___
 Beginning Time of Event: _____ am/pm Ending Time of Event: _____ am/pm Beginning Travel Time _____ am/pm Ending Travel Time: _____ am/pm

MEAL REIMBURSEMENT SHOULD NOT INCLUDE MEALS PROVIDED BY OTHER SOURCES AT NO EXPENSE TO THE EMPLOYEE
RECIEPTS MUST BE ATTACHED

| | (A) | (B) | (C) | SUPPORTING DOCUMENTATION MUST BE ATTACHED | | | | |
|---------|------------------------|-------------------------|------------------------|---|----------|-------------|------------------|------------------------------|
| | BREAKFAST \$12 | LUNCH \$15 | SUPPER \$23 | (D) ROOM | (E) TOLL | (F) PARKING | (G) REGISTRATION | DAILY TOTAL A+B+C+D+E+F+G |
| DATE(S) | 6:30 a.m. to 9:00 a.m. | 11:00 a.m. to 2:00 p.m. | 5:00 p.m. to 9:00 p.m. | | | | | |
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All signatures must be completed before reimbursement.

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

Employee's signature: _____ Date : _____

Administrative signature: _____ Date : _____

REMINDER-PLEASE ATTACH TRAVEL APPROVAL TO THIS REIMB SHEET

Total Miles Driven 04/01/2026 to 06/30/2026 _____ X \$.47

Total Miles Driven 01/01/2026 to 03/31/2026 _____ X \$.42

Total Mileage Reimbursement \$ _____

Total Food Reimbursement \$ _____

Total Room/Parking/Registration Reimbursement \$ _____

TOTAL REIMBURSEMENT \$ _____

Account to be paid from _____ -0580- _____

Finance Officer Review: _____