



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.					

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 10/01/2025 to 12/31/2025 _____ X \$.43

Total Miles Driven 07/1/2025 to 09/30/2025 _____ X \$.43

Total Mileage Reimbursement \$ _____

Total Food Reimbursement \$ _____

Total Room/Parking/Registration Reimbursement \$ _____

TOTAL REIMBURSEMENT \$ _____

Account to be paid from _____ -0580- _____

Finance Officer Review: _____