PERRY COUNTY			Travel Reimbursement request must be submitted to Central Office within 30 days of the date of travel.						Vendor #: Check #:	DOR LEAVE BI	
Name:				Address:							
Month/Year:			School/Dept:						Position:		
	MILEAGE	DEPARTED FROM	TRAVELED TO	TRAVELED TO	TRAVELED TO		MILEAGE	DEPARTED FROM	TRAVELED TO	TRAVELED TO	
			τοται	MILEAGE			Sent 30	2025	\$0.43		
TOTAL MILEAGE July 1 - Sept 30, 2025 \$0.43 TOTAL MILEAGE April 1 - June 30, 2025 \$0.42 TOTAL REIMBURSEMENT PAY FROM: / 0580 / ORG OBJECT											
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: