



TRAVEL REIMBURSEMENT REQUEST

OUT OF COUNTY

VENDOR LEAVE BLANK		
Check # _____	Amt. \$ _____	Date Paid _____

Travel Reimbursement request must be submitted to Central Office within 10 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

	(A)	(B)	(C)	SUPPORTING DOCUMENTATION MUST BE ATTACHED				DAILY TOTAL A+B+C+D+E+F+G
	BREAKFAST \$12	LUNCH \$15	SUPPER \$23	(D) ROOM	(E) TOLL	(F) PARKING	(G) REGISTRATION	
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 : _____

Account to be paid from _____ -0580- _____

Total Miles Driven 10-01-2024 to 12-31-2024 _____ X \$.43

Total Miles Driven 07-01-2024 to 09-30-2024 _____ X \$.45

Total Mileage Reimbursement \$ _____

Total Food Reimbursement \$ _____

Total Room/Parking/Registration Reimbursement \$ _____

TOTAL REIMBURSEMENT \$ _____

Per diem will only be given if supported by a detailed meal receipt. Please do not request per diem if a receipt is not attached to the travel reimbursement form.

Finance Officer Review: _____