COFFEE COUNTY BOARD OF EDUCATION Travel Reimbursement Request

Name of Employee:						Home Ba	ıse (circle on	e): Kinston	NBES NBH	is zc co	Bus Shop
Address:											
Date	POINTS OF TRAVEL		Private Car	Hour of Departure		Hour of Return					
mm/dd/yy	From City	To City	Miles		AM / PM			Hotel	Food	Registration	Misc
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TOTALS								\$	\$	\$	\$
I HEREBY CERTIFY THAT THE TRAVEL AND EXPENSE INDICATED HEREON WAS ACCOMPLISHED IN THE PERFORMANCE OF OFFICIAL DUTIES PURSUANT TO TRAVEL AUTHORITY GRANTED ME.				MILEAGE (Number of miles x .67* per mile):* *Effective January 1, 2024 OTHER EXPENSES: Hotel, Food, Registration, Misc.:							
Signature of traveler:			<u> </u>	*** You	must attach ho					to receive reimbu	rsement.***
SWORN TO AND SUBSCRIBED BEFORE ME THIS THE DAY OF				TOTAL REIMBURSEMENT REQUEST:							
								FOR C	OFFICE USE ONI	Y	
Notary Public						Approval for Payment:					