

**COVINGTON COUNTY SCHOOLS  
TRAVEL REIMBURSEMENT REQUEST**

NAME: \_\_\_\_\_

APPROVED \_\_\_\_\_

Superintendent of Education

Source of Funds \_\_\_\_\_

Supervisor

Date	Points of Travel	Hour of Departure		Hour of Return		Private Car Miles
		A.M.	P.M.	A.M.	P.M.	
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					

**TOTAL AMOUNT FOR TRANSPORTATION:**  
 \_\_\_\_\_ Miles @ 0.67 cents Per Mile  
 (Effective January 1, 2024)

Transportation Total \$ \_\_\_\_\_

Miscellaneous Total \$ \_\_\_\_\_

Grand Total \$ \_\_\_\_\_

Detail meal and other miscellaneous expenses. You must furnish receipts for all reimbursements.

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<p>I hereby certify that the travel and expenses indicated were incurred for official duties pursuant to authorization granted by the Superintendent.</p>
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Signature