



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

	(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 : _____

Total Miles Driven 01-01-2025 to 03/31/2025	_____ X \$.43
Total Miles Driven 10-01-2024 to 12-31-2024	_____ X \$.43
Total Mileage Reimbursement	\$ _____
Total Food Reimbursement	\$ _____
Total Room/Parking/Registration Reimbursement	\$ _____
TOTAL REIMBURSEMENT	\$ _____

Account to be paid from _____ -0580- _____

Finance Officer Review: _____



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VENDOR LEAVE BLANK
Vendor #:
Check #:
Amount \$:
Date Paid:

Name: Address: Phone #:
Month/Year: School/Dept: Position:

Table with 12 columns: DATE, MILEAGE, DEPARTED FROM, TRAVELED TO, TRAVELED TO, TRAVELED TO, DATE, MILEAGE, DEPARTED FROM, TRAVELED TO, TRAVELED TO, TRAVELED TO

TOTAL MILEAGE January 1 - Mar 31, 2025 \$0.43
TOTAL MILEAGE October 1 - Dec 31, 2024 \$0.43
TOTAL REIMBURSEMENT

PAY FROM: / 0580 /
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: