

## Travel Reimbursement request must be submitted to Central Office within 30 days of the date of travel.

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

Name:				Address:					Phone #:			
Month/Y	ear:			School/Dept:								
DATE	MILEAGE	DEPARTED FROM	TRAVELED TO	TRAVELED TO	TRAVELED TO	DATE	MILEAGE	DEPARTED FROM	TRAVELED TO	TRAVELED TO	TRAVELED TO	
			MILEAGE		-	June 30		\$0.45				
TOTAL			MILEAGE		Jan 1 - Mar 31, 2024			\$0.43				
	TOTAL REIMBURSEMENT											
					DAV EDOM			/ 058	20 /			
					TATTROM	! <u></u>	OF	RG OBJ		JECT		
		FICATION above is a correct s	statement of accou	ınt due from the Pe	erry County Board	for expenses	s incurred or	n behalf of the Perry	County Board of E	Education		
Employe	e Signatur	e										
School Administrator (if applicable)								Finance Officer Review:				
District A	District Administrator (if applicable)											