PERRY COUNTY
SCHOOLS

**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/Year:** _____ **School/Dept:** _____ **Position:** _____

| DATE | MILEAGE | DEPARTED FROM | TRAVELED TO | TRAVELED TO | TRAVELED TO | DATE | MILEAGE | DEPARTED FROM | TRAVELED TO | TRAVELED TO | TRAVELED TO |
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| **TOTAL MILEAGE** | | **October 1 - Dec 31, 2025** | **$0.43** | |
| **TOTAL MILEAGE** | | **July 1 - Sept 30, 2025** | **$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:**