

PERRY COUNTY SCHOOL DISTRICT TRAVEL SHEET



EMPLOYEE NAME: _____
SCHOOL/DEPARTMENT: _____
BUDGET CODE: _____
VENDOR NUMBER: _____

RATE OF TRAVEL \$0.67 CENTS PER MILE
MEAL REIMBURSEMENT \$59.00 PER DAY FOR OVERNIGHT LODGING ONLY

FOR THE MONTH OF _____

DATE	TO	FROM	REASON	MILES	AMOUNT
TOTAL					

SIGNATURE: _____
TITLE: _____
VERIFIED BY: _____

****MUST ATTACH APPROVED “REQUEST TO ATTEND FORM” ALONG WITH VERIFICATION OF ATTENDANCE TO WORKSHOPS, SEMINARS, CONFERENCES AND ORIGINAL RECEIPTS UPON SUBMISSION OF TRAVEL REIMBURSEMENT FORM FOR PAYMENT TO BE PROCESSED.**