# 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 |
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| **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.**

**REVISED January, 2024**