

**PERQUIMANS COUNTY SCHOOLS
TRAVEL REIMBURSEMENT**

REIMBURSEMENTS ARE DUE WITHIN 10 DAYS OF RETURN

- Form must be typed or written in ink (pencil copies will not be accepted)
- Workshop/meeting agendas must be attached
- Printed directions from duty station to event site must be attached
- Original receipts for hotel, parking, registration fees, etc. are required

Payee's Name: _____

Payee's Address: _____

Budget Code: _____ Total Reimbursement (A+B+C): \$ _____

Payee's Signature Date Supervisor's Signature Date

Funding Authorization Date Director of Finance's Signature Date

Date of Departure: _____ Time of Departure: _____ AM PM

Date of Return: _____ Time of Return: _____ AM PM

A. SUBSISTENCE:

DATE						
Breakfast (\$8.40)						
Lunch (\$11.00)						
Dinner (\$18.90 – In State) (\$21.60 – Out of State)						
Hotel						
Parking						
Other*						
TOTAL						

B. *OTHER (Explanation, Original Receipt Required & Amount Entered in Above Table):

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C. MILEAGE (Printed directions are required in addition to this form.)

DATE	FROM/TO	PURPOSE	# OF MILES
Total Miles Traveled (1)			
Total Days of Trip (2)			
Average Daily Miles(1÷2)			

(3) Up to 100 average daily miles _____ * \$.58/mile * Total Days of Trip = \$_____

(4) Over 100 average daily miles _____ * \$.18/mile * Total Days of Trip = \$_____

(3+4) Total Reimbursement \$_____