

**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 (\$8.60)								
Lunch (\$11.30)								
Dinner (\$19.50 – In State) (\$22.20 – 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 _____ * \$.575/mile * Total Days of Trip = \$ _____

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

(3+4) Total Reimbursement \$ _____