

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: _____ Purpose of Travel: _____

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						Total
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): _____

“This instrument has been pre-audited in the manner required by the School Budget and Fiscal Control Act.”

Signature of Finance Officer

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

DATE	FROM/TO	PURPOSE	# OF MILES
Total Miles Traveled			

Total number of miles _____ * .625 (current mileage rate) =Total Reimbursement \$_____