

# PIKE COUNTY BOARD OF EDUCATION

## TRAVEL REIMBURSEMENT REQUEST

<b>Employee:</b>	Last	First	MI	<b>Address:</b>	Mailing Address
<b>School:</b>		<b>Dept.</b>			City/State/Zip

Date:	TIME Departed / Arrived	Travel From / To	Odometer ENDING / BEGINing	Miles	Amount Common Carrier	Taxi / Limo. / Bus	DAILY Trans. Total	Break- fast	Lunch	Dinner	Daily Meal Total	* Lodging	Daily Subs- istence Total	Other Expenses ** Type	Amount
					0.725		\$0.00				\$0.00		\$0.00		
					0.725		\$0.00				\$0.00		\$0.00		
					0.725		\$0.00				\$0.00		\$0.00		
					0.725		\$0.00				\$0.00		\$0.00		
					0.725		\$0.00				\$0.00		\$0.00		
					0.725		\$0.00				\$0.00		\$0.00		
* Attach Receipt ** Identify Other Expenses			Total Transportation:			\$0.00	Total Subsistence:						\$0.00	Total Other:	\$0.00
Purpose of Trip:			Total Travel Expenses:										\$0.00		

**I do solemnly swear, under penalty provided by law, that the above statements are true and all the expenses were incurred in the discharge of my official duties for the Pike County School System.**

Employee's Signature

Approved:

### Funding Distribution:

**Fund**

**Total:**