

PIKE COUNTY BOARD OF EDUCATION
TRAVEL REIMBURSEMENT REQUEST

Employee: _____, _____, _____
Last First MI Address: _____
School: _____ Dept. _____ Mailing Address _____

Date:	TIME	Travel	Odometer	Miles	Amount	Taxi /	DAILY	Break-	Lunch	Dinner	Daily	* Lodging	Daily Subsis-	Other Expenses	
	Departed /	From / To	ENDING /		Common	Limo. /								**	Type
				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		
				0.725			\$0.00				\$0.00		\$0.00		
* Attach Receipt			Total Transportation:				\$0.00	Total Subsistence:					\$0.00	Total Other:	\$0.00
** Identify Other Expenses															
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

Date

Approved:

Date