

Trip Reimbursement Form☐ Gallatin co. Bd. of Educ.☐ Gallatin Co. Middle School☐ School Nutrition☐ Gallatin Co. Elementary☐ Gallatin Co. High School☐ Other _____☐ Gallatin Co. Upper Elem.☐ Bus Garage**Activity (Please check one)**☐ Activity-Elementary☐ ESS☐ Migrant☐ Title IV☐ Activity Upper Elem.☐ Family Resource Ctr.☐ Perkins☐ Title V☐ Activity Middle Sch.☐ School Nutrition☐ Preschool☐ Transportation☐ Activity High Sch.☐ Gifted & Talented☐ Prof. Development☐ WIA☐ Alternative School☐ IDEA BASIC☐ Tech. Prep☐ Youth Service Ctr.☐ Board☐ IDEA Preschool☐ Textbooks☐ Other _____☐ Bus Maintenance☐ KETS☐ Title I☐ Custodial☐ Maintenance☐ Title II

(Any use of Professional Development funds requires a copy of your Growth Plan or Consolidated Plan component attached.)

Budget Code: _____

(Org)

(Obj)

(Proj)

Payable to: _____ Vendor No. _____

Address: _____

Name of Conference (or Meeting): _____

Location of Conference (or Meeting): _____

Date(s) of Conference (or Meeting): _____

Signature of Employee: _____ Date: _____

I	<u>Rooms:</u>	<u>Date</u>	<u>Rate</u>

*Total for Rooms: \$ _____

II	<u>Meals:</u>	Number of Meals	

*Total for Meals \$ _____

III	<u>Mileage:</u>	Number of Miles	

*Total for Mileage \$ _____

X
\$~~40~~45

IV	<u>Conf. Fees</u>	

*Total for Fees \$ _____

*Total Amount Due \$ _____

APPROVALS

Supervisor _____ Date: _____

Budget Administrator _____ Date: _____

Denied for following reason(s): _____

First Reading 7.25.11