PERSONNEL   03.125 AP.2

Out Of County - Individual Travel Request and Reimbursement Form

You must obtain approval one (1) week prior to the trip before expenses can be reimbursed.

NAME: _____ MEETING ATTENDING: _____

PURPOSE: _____ LOCATION: _____

		DATE	TIME		DATE	TIME
MEETING DATE		DEPARTURE		RETURN		

REGISTRATION FEE REQUIRED:	☐ Yes	☐ No	Cost: $_____	
HOTEL REQUESTED: _____ # OF DAYS	☐ Yes	☐ No	Est. Cost: $_____	**ESTIMATED TRIP COST**
SUB TEACHER REQ. (APP. $90. PER DAY):	☐ Yes	☐ No	Est. Cost: $_____	
MILEAGE REQUESTED: _____ **MILES**	☐ Yes	☐ No	Est. Cost: $_____	
MEALS REQUESTED: _____ **# OF DAYS**	☐ Yes	☐ No	Cost: $_____	

SOURCE OF FUNDS:

TITLE 1		PROF.DEV.		ESS		IDEA B		OTHER:
TITLE 2		CTE		FRC/YSC		PRESCHOOL HAND.		
RURAL-LOW		KETS		GENERAL FUND		SBDM		

	EMPLOYEE'S SIGNATURE DATE
——— Approved ——— Denied	PRINCIPAL/SUPERVISOR SIGNATURE DATE
——— Approved ——— Denied	PROGRAM DIRECTOR SIGNATURE DATE
——— Approved ——— Denied	SUPERINTENDENT SIGNATURE DATE

REIMBURSEMENT SECTION – COMPLETE AFTER RETURNING FROM TRIP

MUST ATTACH RECEIPTS FOR PARKING, TOLLS, REGISTRATION FEES, LODGING, AND ALL MEALS

Berea-170, Bowling Green-490, Corbin-202, Frankfort-220, Hazard-80, Lexington-190, London-142, Louisville-318, Morehead-140, Paintsville-110, Pikeville-165, Presgonsburg-130, Richmond-148, Versailles-236, Natural Bridge-70

DID YOU DRIVE? Check box: ☐ Yes   ☐ No

MILEAGE-ROUND TRIP: at $.45 PER MILE $ _____

TOLLS:_____   STANDARD PARKING: _____ REGISTRATION FEES: _____ $ _____

OVERNIGHT TRIP:

LODGING _____ # OF DAYS

MEAL LIMITS: BREAKFAST-$10; LUNCH-$15; DINNER-$20 WITH RECEIPTS

DATE _____	BREAKFAST $ _____	Lunch $ _____	Dinner $ _____	
DATE _____	BREAKFAST $ _____	Lunch $ _____	Dinner $ _____	
DATE _____	BREAKFAST $ _____	Lunch $ _____	Dinner $ _____	
DATE _____	BREAKFAST $ _____	Lunch $ _____	Dinner $ _____	
DATE _____	BREAKFAST $ _____	Lunch $ _____	Dinner $ _____	$ _____

TOTAL CLAIM: **$ _____**

I hereby certify that the above is a correct statement of the amount due from the Breathitt County Board of Education for travel expenses.

VENDOR NO.			
ORG		EMPLOYEE SIGNATURE	DATE
OBJECT	0580		
PROJECT		APPROVED BY: SUPERVISOR/PROGRAM DIRECTOR SIGNAUTE	DATE