Draft 8/16/17

Out Of County - Individual Travel Request and Reimbursement Form

You must obtain approval seven (7) business days prior to the trip before expenses can be reimbursed.

NAME: _____ ~~MEETING ATTENDING~~PHYSICAL HOME ADDRESS: _____

PURPOSE: _____ ~~LOCATION~~DESTINATION ADDRESS:

_____

		DATE	TIME		DATE	TIME
MEETING DATE		DEPARTURE		RETURN		

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

* MILEAGE MUST BE SUPPORTED BY GOOGLE MAPS~~., MAPQUEST, OR AN EQUIVALENT WEBSITE~~ ATTACH SUPPORTING DOCUMENTATION TO REQUEST*

SOURCE OF FUNDS:

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

Purchase order number assigned by finance office.

	EMPLOYEE'S SIGNATURE DATE
	PRINCIPAL/SUPERVISOR SIGNATURE DATE

REIMBURSEMENT SECTION – COMPLETE AFTER RETURNING FROM TRIP

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

DID YOU DRIVE? Check box: ☐ Yes   ☐ No

MILEAGE-ROUND TRIP_____ X STATE RATE:_____ $ _____

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

OVERNIGHT TRIP:

LODGING _____ # OF DAYS $ _____

MEAL LIMITS: BREAKFAST-$10; LUNCH-$15; DINNER-$20 WITH ITEMIZED RECEIPTS, NO TIPS OR ALCOHOL

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.

_____
EMPLOYEE SIGNATURE   DATE