

JEFFERSON COUNTY BOARD OF EDUCATION
IN-STATE TRAVEL REIMBURSEMENT FORM

Name of Employee: _____ Base: _____

Description of Travel: _____

Dates of Travel: Beginning _____ Ending: _____

SUMMARY OF EXPENDITURES

Mileage Expenses: Round Trip From: _____
To: _____
_____ miles @ _____ cents/mile \$ _____

Registration Expenses (Attach original receipt) \$ _____

Meal Expenses associated with non-overnight meeting
(Attach original receipts) \$ _____

Per Diem: Overnight Trips
Days _____ x \$75.00 \$ _____
(Ex. One overnight-reflect 2 days; 2 overnights-reflect 3 days, etc.)

Other/Misc Travel Expenses: (Attach original receipts)
All Miscellaneous Expenditures Must Be Supported With Receipts!

_____ \$ _____
_____ \$ _____

ATTACH A COPY OF APPROVED PROFESSIONAL LEAVE FORM AND AGENDA

GRAND TOTAL \$ _____

I hereby certify that the above is a correct statement of expenses incurred by me in the performance of official duties for the
Jefferson County Board of Education.

_____ Employee Signature _____ Date

_____ Principal's/Director's Signature _____ Date