

JEFFERSON COUNTY BOARD OF EDUCATION
Out-of-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) \$ _____

Motel Bill _____ per day for _____ days= \$ _____

Airline ticket or other transportation: \$ _____

Food/Meal Allowance
(Use the rates provided in the Travel Reimbursement Procedures.
Identify the Destination City and Rate. If City is not identified on chart, list
actual Destination City plus identify the nearest city on the chart in parenthesis
after Destination City.)

Destination City/Nearest City	Rate	# of Days	=	\$
_____	_____ x	_____	=	_____

Car Rental: Must have prior approval \$ _____

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

All expenditures except the food/meal allowance must be supported by original receipts.