

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.