Required items for reimbursement:
*Workshop/Meeting agenda
*Printed directions –The back of this form must also be completed.
*Hotel, parking, and/or registration original receipt(s)

PERQUIMANS COUNTY SCHOOLS
REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES

Payee's Name: _____

Payee's Address: _____

Program Area:_____**Budget Code:** _____

Total Reimbursement from Areas A, B and C: $_____

_____ _____
Payee's Signature ***Date*** ***Supervisor's Signature*** ***Date***

_____ _____
Funding Authorization ***Date*** ***Director of Finance's Signature*** ***Date***

A. MILEAGE: Total Miles Traveled _____@ $ .535 = $ _____
Mileage details are required on page 2 of this form

Date of Departure: _____***Time of Departure:***_____ ***AM PM***

Date of Return: _____ ***Time of Return:*** _____ ***AM PM***

B. SUBSISTENCE:

DATE						
BREAKFAST ($8.30)						
LUNCH ($10.90)						
DINNER **($18.70 –In State)** **($21.30 – Out of State)**						
HOTEL*						
PARKING*						
REGISTRATION*						
TOTALS						

C. OTHER (Explanation and Receipt Required): _____

_____

*These items require ORIGINAL detailed receipts for reimbursement.

Revised 1/2017

DETAILED RECORD OF MILEAGE: (Printed directions are required.)

DATE	FROM/TO	PURPOSE	# OF MILES
		TOTAL MILES TRAVELED	

Revised 1/2017