## PIKE COUNTY BOARD OF EDUCATION

TRAVEL REIMBURSEMENT REQUEST

Employee:, Last		First	MI		Address:	Mailing Address									
		Dept.	Dept.							Ū					
								City/State/Zip							
Date:	<b>TIME</b> Departed / Arrived	<b>Travel</b> From / To	Odometer ENDing / BEGINing	Miles	Amount Common Carrier	Taxi / Limo. / Bus	DAILY Trans. Total	Break- fast	Lunch	Dinner	Daily Meal Total	* Lodging	Daily Subsis tence Total	Other ** Type	Expenses Amount
					0.560		\$0.00				\$0.00		\$0.00		
					0.560		\$0.00				\$0.00		\$0.00		
					0.560		\$0.00				\$0.00		\$0.00		
				-	0.560		\$0.00				\$0.00		\$0.00		
					0.560		\$0.00				\$0.00		\$0.00		
					0.560		\$0.00				\$0.00		\$0.00		
* Attach Receipt ** Identify Other Expenses			Tota	Total Transportation:			\$0.00	Total Subsistence:				\$0.00	Total Other:	\$0.00	
Purpose of Trip:								Total Travel Expenses: \$0.00							l
								Funding Distribution:							
I do solemnly swear, under penalty provide							Fund	l Pi	rogram	Funct	ion	Object	Bldg	4	Amount
statements are true and all the expenses were incurre my official duties for the Pike County Scho															
				-											
Employee's Signature					Date										
Approved:					Date			Total:							

Travel Reimbursement updated 01 12 21