PIKE COUNTY BOARD OF EDUCATION

TRAVEL REIMBURSEMENT REQUEST

Employee: _____ , _____ ___ **Address:** _____

Last First MI Mailing Address

School: _____ **Dept.** _____

City/State/Zip

Date:	TIME Departed / Arrived	Travel 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 Expenses ** Type	Other Expenses Amount
					0.585		$0.00				$0.00		$0.00		
					0.585		$0.00				$0.00		$0.00		
					0.585		$0.00				$0.00		$0.00		
					0.585		$0.00				$0.00		$0.00		
					0.585		$0.00				$0.00		$0.00		
					0.585		$0.00				$0.00		$0.00		
* Attach Receipt ** Identify Other Expenses			**Total Transportation:**				$0.00	**Total Subsistence:**					$0.00	**Total Other:**	$0.00
Purpose of Trip:											**Total Travel Expenses:**		**$0.00**		

I do solemnly swear, under penalty provided by law, that the above statements are true and all the expenses were incurred in the discharge of my official duties for the Pike County School System.

Employee's Signature Date

Approved: Date

Funding Distribution:

Fund	Program	Function	Object	Bldg	Amount
				Total:	

Travel Reimbursement updated 01 6 22