

PATRICK COUNTY PUBLIC SCHOOLS

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

NAME: _____

SCHOOL/DEPT: _____

I HEREBY CERTIFY THAT EXPENSES LISTED BELOW WERE INCURRED BY ME ON OFFICIAL BUSINESS OF THE PATRICK COUNTY SCHOOL BOARD AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF BUSINESS.

Signature of Employee

Date

DATE	DESCRIPTION OF TRAVEL INCLUDING POINTS BETWEEN TRAVEL, CONFERENCE INFO, ETC...	MILES TRAVELED	OTHER (LODGING, MEALS, ETC.)	TOTAL
TOTALS				

Receipts for all expenses, except mileage, must be attached for reimbursement.

Description of expenses must be provided.

Employee must use the mileage chart provided in Personnel Procedures Manual, if applicable.

Principal/Department Leader's Signature

Date

Division Superintendent/Designee's Signature

Date

Note: The current reimbursement rate for travel in a personal vehicle is \$0.505

Form Revised: July 2011