

RUSSELL COUNTY PUBLIC SCHOOLS TRAVEL EXPENSE REIMBURSEMENT VOUCHER

NAME: _____ SCHOOL: _____

ADDRESS: _____

PURPOSE OF TRAVEL: _____

(Name of Conference, Workshop, etc.)

LOCATION OF TRAVEL: _____

(List Specific Details: City, State)

SOURCE OF FUNDING: _____

I HEREBY CERTIFY THAT THE EXPENSE LISTED BELOW IN THE AMOUNT OF \$ _____ WAS INCURRED BY ME ON OFFICIAL BUSINESS FOR RUSSELL COUNTY SCHOOLS AND INCLUDES ONLY EXPENSES AS WERE NECESSARY IN THE CONDUCT OF THIS BUSINESS.

YOU MUST SHOW EACH DAY'S EXPENSE SEPARATE ALONG WITH RECEIPTS

DATE: _____

Signature of Traveler

DATE	LOCATION AT WHICH EXPENSE WAS INCURRED, POINT BETWEEN WHICH TRAVEL WAS NECESSARY, METHOD OF TRANSPORTATION USED.	MILES TRAVELED	MILEAGE 40¢ PER MILE	MEALS	LODGING	PARKING	TAXES FOR LODGING	TOTALS
TOTAL								

PRINCIPAL'S APPROVAL (WHEN APPROPRIATE) _____

SUPERVISOR'S SIGNATURE _____