PIKE COUNTY BOARD OF EDUCATION

TRAVEL REIMBURSEMENT REQUEST

Employee: _____, _____ ___
Last First MI

Address: _____
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	Amount
					0.580		$0.00				$0.00		$0.00		
					0.580		$0.00				$0.00		$0.00		
					0.580		$0.00				$0.00		$0.00		
					0.580		$0.00				$0.00		$0.00		
					0.580		$0.00				$0.00		$0.00		
					0.580		$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:	