

WARREN COUNTY SCHOOLS

Local Travel Reimbursement and Other Expenses

MUST BE FILED AT LEAST MONTHLY AND NOT LATER THAN 30 DAYS AFTER MONTH ENDS.

Payee (TYPE OR PRINT): _____ Employee ID: _____

Home Address: _____

School/Department: _____

PAYEE CERTIFICATION: This is a true and accurate statement of expenses incurred in discharging official business duties.

Signature: _____ Date: _____

APPROVAL: I certify that the expenses listed are necessary, proper, just and reasonable.

Approved By: _____ Date: _____
Principal/Supervisor

Period Covered by Travel From: _____ To: _____

TRAVEL (SHOW EACH CITY VISITED)		TRANSPORTATION		OTHER		
Date	From-To	Miles	Amount	Explanation	Amount	Total
		TOTAL TRAN	\$		TOTAL OTHER EXP	

Account Codes: _____ Total: _____

Note: Original receipts must be attached for all expenditures, except meals. (Copies Not Accepted)

Mileage Reimbursement Rate: _____

This instrument has been preaudited in the manner required by the School Budget and Fiscal Control Act.

Signature of Finance Officer: _____ Date: _____

