

# 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
		<b>TOTAL TRAN</b>	<b>\$</b>		<b>TOTAL OTHER EXP</b>	

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: \_\_\_\_\_

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TRAVEL (SHOW EACH CITY VISITED)		TRANSPORTATION		OTHER		
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		<b>TOTAL TRAN</b>	<b>\$</b>		<b>TOTAL OTHER EXP</b>	