

## HAYWOOD COUNTY SCHOOLS

Date Submitted \_\_\_\_\_

### REQUEST FOR REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES AND ALLOWANCES INCURRED IN THE DISCHARGE OF OFFICIAL DUTY – INCLUDING PER DIEM

Page \_\_\_\_\_ of \_\_\_\_\_

Attach a copy of the approved TRAVEL AUTHORIZATION, receipts, and documentation to support expenditures.

Payee's Name:	
School Address:	Duty Station:
Period Covered: From:	To:
Purpose of Trip:	
Name and Phone Number of Person Completing Form:	
Travel Account Number:	

Under penalties of perjury I certify this is a true and accurate statement of the cost of lodging, expenses, and allowances incurred in the services of the School System.	I have examined this reimbursement request and certify that it is just and reasonable.	✓	Amount	✓	Office Use Only
		Total Reimbursable			
		Total Advance			
		Total Due			
		Amount Due Applicant			
_____ Claimant's Signature	_____ Accountable Officer				

TRAVEL (Show City and State)			(1) TRANSPORTATION				(2) SUBSISTENCE			(3) OTHER EXPENSES		
Day	From	To	Mode	Mileage	In-State Amount	Out-of-State Amount	Type	In-State Amount	Out-of-State	Explanation	In-State	Out-of-State
			P				B					
			A				L					
	Time of Departure:		R				D					
	Time of Return:		O				H					
			P				B					
			A				L					
	Time of Departure:		R				D					
	Time of Return:		O				H					
			P				B					
			A				L					
	Time of Departure:		R				D					
	Time of Return:		O				H					
<b>TOTAL</b>												

	ACCOUNTING USE ONLY _____ \$ _____ Audit by: _____ _____ \$ _____ Approved by: _____ _____ \$ _____ Total: _____
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