

Lincoln County Board of Education Travel Reimbursement Form

Submit for 1 month only

Name _____ Position _____ Location _____

Address _____

Account # _____ January 1, 2015 Rate _____ Grant Name _____

All receipts must be attached except for meals
<http://www.gsa.gov/portal/content/101518>
 0.575 >>>> MEALS <<<<

Date	From/To Purpose	Mileage	Total \$ Mileage	First Day 75%	Full Days	Last Day 75%	Hotel	Other Expenses	\$ Total
			-						-
			-						-
			-						-
			-						-
			-						-
			-						-
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			-						-
			-						-
			-						-
			-						-
			-						-
Totals		-	-	-	-	-	-	-	-

I, undersigned do solemnly swear that the above expense account is just, accurate and true, and is claimed for cash expended for the purpose named in this statement

I certify that I have personally examined this statement. The items of expense herein agree with reports of work performed and the amounts charged are not excessive. The Mode of transportation was necessary and the most direct and practical route used.

Employee Signature _____ Date _____

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Supervisor's Signature

Date

Director's Signature

Date

Superintendent's Signature

Date