

COVINGTON COUNTY SCHOOL DISTRICT  
OUT-OF-DISTRICT TRAVEL REIMBURSEMENT REQUEST FORM

\_\_\_\_\_  
Employee Name \_\_\_\_\_  
Trip Destination (City & State)

\_\_\_\_\_  
Mailing Address \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code

\_\_\_\_\_  
School/Department \_\_\_\_\_  
Employee Social Security Number

\_\_\_\_\_  
Purpose of Trip

<u>Date</u> <u>Departed</u>	<u>Time</u> <u>Departed</u>	<u>Date</u> <u>Returned</u>	<u>Time</u> <u>Returned</u>	<u>Indicate Overnight</u> <u>Stay (Y or N)</u>
_____	_____	_____	_____	_____

Cost of Lodging (\*).....\$ \_\_\_\_\_

Cost of Meals (\*\*). .... \$ \_\_\_\_\_

Meal Tips .....\$ \_\_\_\_\_

Miscellaneous (\*): Taxi/Shuttle \$ \_\_\_\_\_ Parking \$ \_\_\_\_\_ Registration \$ \_\_\_\_\_

Other (\*\*\*) \$ \_\_\_\_\_ Total Miscellaneous (\*).....\$ \_\_\_\_\_

Travel: .....Public Carrier (\*) .....\$ \_\_\_\_\_

Private Automobile \_\_\_\_\_ miles @ .625 cents per mile.....\$ \_\_\_\_\_

**TOTAL ALL EXPENSES** .....\$ \_\_\_\_\_

**LESS TRAVEL ADVANCE** .....\$( \_\_\_\_\_ )

**NET REIMBURSEMENT OR (REFUND TO DISTRICT)**.....\$ \_\_\_\_\_

- \* Original, itemized receipts must be attached
- \*\* Itemized receipts required for meals or meal tips  
(When meals are provided at conferences or trainings, the employee will not be reimbursed if a meal is provided)
- \*\*\* Description of Other: \_\_\_\_\_

_____ Employee Signature	_____ Date	_____ Federal Program Dir. Approval	_____ Date
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_____ Principal/Director Signature/Approval	_____ Date	_____ Business Office Review	_____ Date
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Account(s) to Charge: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_