

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

Date Departed	Time Departed	Date Returned	Time Returned	Indicate Overnight Stay (Y or N)

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

Cost of Meals.....\$ _____

Meal Tips\$ _____

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

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

Travel:Public Carrier (*)\$ _____

Private Automobile _____ miles @ .6555 cents per mile.....\$ _____

TOTAL ALL EXPENSES\$ _____

LESS TRAVEL ADVANCE\$(_____)

NET REIMBURSEMENT OR (REFUND TO DISTRICT).....\$ _____

* Original, itemized receipts must be attached

** 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: _____ / _____ / _____ \$ _____