

SYLACAUGA BOARD OF EDUCATION
TRAVEL REIMBURSEMENT FORM

**NOTE: REIMBURSEMENT WILL NOT BE MADE WITHOUT RECEIPTS.
PRIOR WRITTEN APPROVAL OF TRAVEL IS REQUIRED.**

TRAVEL DATES(S): _____

PURPOSE AND DESTINATION: _____

TRAVEL:

PERSONAL VEHICLE: _____ MILES x .56 \$ _____

OTHER _____

MEALS AND TIPS (ATTACH ALL RECEIPTS) _____

LODGING (DETAIL INVOICE REQUIRED) _____

OTHER EXPENSES (LIST): _____

TOTAL REIMBURSEMENT REQUESTED \$ _____

SUBMITTED BY _____

Print Name

DATE _____

CHARGE FUND _____

APPROVED BY _____

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FOR OFFICE USE ONLY

GL DISTRIBUTION _____ \$ _____