Signature of Employee

SCOTT COUNTY SCHOOLS REIMBURSEMENT REQUEST FOR OUT OF TOWN/CONFERENCE TRAVEL (PRE-APPROVAL FORM MUST BE ATTACHED IN ORDER TO REQUEST REIMBURSEMENT)

NAME:SCHOOL:		
JOB A	SSIGNMENT:	
	DATES:	-
(CONFERENCE NAME & I	LOCATION)	MILES TRAVELED
Meals & Tips (Place)		
Lodging (Place)		
Loading (Lines)		
Other Miscellaneous Expenses		
 f approval only (no signature stamps).	TOTAL MILES:	
signed by employee requesting	RATE PER MILE:	50.5
f approval only (no signature stamps) signed by employee requesting	TOTAL COST:	
APPROVED BY:		
	TOTAL OTHER.	
Signature of Principal/Supervisor	GRAND TOTAL: (MILEAGE, MEALS,	
endent	LODGING & OTHER)	
	(CONFERENCE NAME & I Meals & Tips (Place) Lodging (Place) Other Miscellaneous Expenses f approval only (no signature stamps). signed by employee requesting f approval only (no signature stamps) signed by employee requesting Supervisor	CONFERENCE NAME & LOCATION) Meals & Tips (Place) Lodging (Place) Other Miscellaneous Expenses f approval only (no signature stamps). signed by employee requesting f approval only (no signature stamps) signed by employee requesting TOTAL MILES: RATE PER MILE: TOTAL COST: TOTAL COST: TOTAL LODGING: TOTAL OTHER: Supervisor GRAND TOTAL: (MILEAGE, MEALS,