

PRINCE GEORGE COUNTY PUBLIC SCHOOLS
Office of the Superintendent
P.O. Box 400
Prince George, Virginia 23875

Request for Consultant Fee and/or Travel Reimbursement

Name of Speaker/Consultant _____

Date(s) of Services Rendered _____

Nature of Services Provided _____

Social Security Number _____

Reimbursement is requested as follows:

Honorarium _____

Transportation (_____ miles in private car
@ 57.5 cents per mile, if applicable) _____

Hotel or Motel (*Bill must be attached.*) _____

Meals _____

Parking _____

Tips _____

Taxi _____

Other (explain) _____

TOTAL _____

Return this form to: Director of Finance
Prince George County Public Schools
P.O. Box 400
Prince George, VA 23875

Payment will be made after the next School Board meeting on or around the 15th of the month.

Address to which check should be mailed:

Signature _____

Date _____