

PRINCE GEORGE COUNTY PUBLIC SCHOOLS

# Request for Travel Reimbursement

Name \_\_\_\_\_

School \_\_\_\_\_

Place of Travel \_\_\_\_\_

From \_\_\_\_\_ 20\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_

Purpose of Travel \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Transportation \_\_\_\_\_

Number of Miles Traveled \_\_\_\_\_

**Reimbursement is requested as follows:**

Transportation to be paid at 54 cents per mile (*must be approved in advance*). \_\_\_\_\_

Hotel or Motel (*Bill must be attached.*) \_\_\_\_\_

Meals (Meals are not reimbursable for one day trips.) \_\_\_\_\_

Parking \_\_\_\_\_

Tips \_\_\_\_\_

Tax \_\_\_\_\_

Other (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_