COLLETON COUNTY SCHOOL DISTRICT

Accounts Payable Department

PERSONAL TRAVEL REIMBURSEMENT FORM

NAME _____

MAILING ADDRESS _____

SCHOOL/DEPARTMENT _____

DATE _____ ACCOUNT # _____

Section I - Vehicle Mileage *(Include in Section II if applicable)*

DATE	FROM	DESTINATION	TO	MILES

TOTAL MILES _____ **@ 0.50 = $** _____

Section II - Out of District Travel *(Attach receipts for all items claimed)*

Location of Meeting _____ Dates of Meeting _____

EXPENSES:

Hotel _____

Meals _____

Registration _____

Transportation _____

Other (Itemize) _____

_____

TOTAL EXPENSES: $ _____

_____ _____

Signature of Traveler Signature of Supervisor

See policy on back.

Revised 2/2010