

# In/Out of County Travel

Ritchie County Board of Education

Employee Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Fund \_\_\_\_\_  
 Location \_\_\_\_\_  
 Date \_\_\_\_\_

Finance	
Rec'd Date	_____
Initials	_____
Exp Code	_____

DATE	DESCRIPTION	Round-Trip	Mileage Rate	Meals	Lodging	Other	TOTAL
			\$0.56				
			\$0.56				
			\$0.56				
			\$0.56				
			\$0.56				
			\$0.56				
			\$0.56				
			\$0.56				
			\$0.56				
			\$0.56				
			\$0.56				
			\$0.56				
			\$0.56				
			\$0.56				
			\$0.56				

TOTAL REIMBURSEMENT

*Itemized Expenses or Description for "Other"*

DATE	DESCRIPTION	Amount

**\* Don't forget to attach receipts \***

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Approved - Superintendent/Supervisor