SAVE AS PRINT RESET

Out-of-County Travel Expense Reimbursement Form

CABELL COUNTY BOARD OF EDUCATION

STEP 1: BASIC INFORMATION

Name: _____ **Employee ID:** _____

TSSI Authorization Code: _____ **Position:** What is your position?

Location: What is your work location? **Today's Date:** _____

Purpose: _____ **Location of Activity:** _____

Home Address: _____

City/State/Zip _____

Conf. Began: _____ 1 : 00 am **Conf. Ended:** _____ 1 : 00 am

Date Time Date Time

Travel Began: _____ 1 : 00 am **Travel Ended:** _____ 1 : 00 am

Date Time Date Time

STEP 2: LIST EXPENSES THAT YOU HAVE INCURRED

				MON	TUES	WED	THU	FRI	SAT	SUN	TOTAL
TRANSPORTATION	Miles I drove my car										
	Mileage Total	Rate per mile:	$ 0.670	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Parking/Tolls*										
	Airline*										
	Limo/Taxi*										
	Other*:										
	Daily Trans. Total			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$ 0.00
MEALS	Breakfast **Note: Meals must be itemized.**										
	Lunch **Note: If no expense = $0**										
	Dinner										
	Daily Meal Total (Cannot exceed IRS per diem) *Click here for Per Diem Link			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$ 0.00
MISCELLANEOUS	**Daily Lodging Total**										$ 0.00
	Registration*										$ 0.00
	Other*										$ 0.00
										SUBTOTAL	$0.00
	Less Direct Payment Made to:										$
	Less Advance (Explain)										$
										BALANCE DUE EMPLOYEE (OR REFUND TO BOE)	$ 0.00

***Receipts must be attached for airline, hotel, registration, and meals exceeding $40 per day (all itemized receipts). Receipts for parking and toll (except for WV Turnpike) must also be attached if each is more than $3.00 per day. Meals will only be reimbursed for overnight stays.**

Note to BUDGET MANAGER: If the account code changes, please note new code clearly on this form.

STEP 3: PRINT, SIGN, ATTACH REQUIRED RECEIPTS, AND SEND THIS FORM TO YOUR IMMEDIATE SUPERVISOR

Signature of Person Filing, verifying that I have truly incurred the aforementioned expenses

Supervisor Approval