

**INVOICE FOR REIMBURSEMENT FOR TRAVEL EXPENSES FOR:  
SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT**

Pay To: \_\_\_\_\_

Address: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_ (Attach Signed Copy)

Fund Number: \_\_\_\_\_

Expenses Incurred From: \_\_\_\_\_ Date: \_\_\_\_\_

Location

Expenses Incurred To: \_\_\_\_\_ Date: \_\_\_\_\_

Location

For: \_\_\_\_\_

Purpose and Destination of Trip

**MEALS**

**LODGING**

DATE	BREAKFAST	LUNCH	DINNER	TOTAL	DATE	PLACE	AMOUNT
Total					Total	Pre-Paid	

**Breakfast \$7.00      Lunch \$14.00      Dinner \$20.00**

**TRAVEL BY PRIVATE AUTOMOBILE (54.5 cents per mile)** \_\_\_\_\_ miles @ .545 = \$  

**TRAVEL BY PUBLIC CARRIER (Bill Attached)**

Name of Carrier                      From                      To                      Date                      Total Amt.

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Meals	\$
Lodging	\$
Transportation	\$
Other (Parking)	\$
<b>TOTAL INVOICE</b>	\$

Employee Signature: _____  Approved: _____  Principal / Supervisor
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Approved for Payment: \_\_\_\_\_  
Accountant

All travel must be submitted within thirty (30) days for reimbursement eligibility