

Bullock County Board of Education Request For Reimbursement

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Purpose of Trip _____

Attach Receipts

1. Transportation from _____ to _____ and return

by (A) _____ Air: (B) _____ personal automobile

_____ total miles at .57.5 cents per mile \$ _____

Total Transportation \$ _____

2. Subsistence Expenses:

Date	Hotel/Motel	Breakfast	Lunch	Dinner	Total
Total Subsistence					\$ _____

3. Miscellaneous Expense (Please Itemize)

_____ Amount \$ _____

Total Miscellaneous \$ _____

4. Consultant Fee (if applicable)

Date	Amount	Total

Grand Total of all Expenses	_____
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Personnel Signature _____

Social Security Number _____

Approved by _____ Approved for Payment _____
Principal / Supervisor Superintendent

Fund _____ BA _____