

**WHITLEY COUNTY BOARD OF EDUCATION  
MONTHLY TRAVEL REIMBURSEMENT REQUEST**

NAME \_\_\_\_\_

VENDOR # \_\_\_\_\_ FUNDING SOURCE \_\_\_\_\_

DATE \_\_\_\_\_

SCHOOL/LOCATION \_\_\_\_\_

DEPARTURE		RETURN		LOCATION OF CONFERENCE/MEETING	AUTO MILEAGE	OTHER ATTACH	LODGING	RATE** PER DAY	# NIGHTS SPENT	TOTAL PER DIEM	TOTAL
MO	DAY	MO	DAY								
					0	0	0	0	0	0	0

PURPOSE \_\_\_\_\_

DEPARTURE		RETURN		LOCATION OF CONFERENCE/MEETING	AUTO MILEAGE	OTHER ATTACH	LODGING	RATE** PER DAY	# NIGHTS SPENT	TOTAL PER DIEM	TOTAL
MO	DAY	MO	DAY								

PURPOSE \_\_\_\_\_

DEPARTURE		RETURN		LOCATION OF CONFERENCE/MEETING	AUTO MILEAGE	OTHER ATTACH	LODGING	RATE** PER DAY	# NIGHTS SPENT	TOTAL PER DIEM	TOTAL
MO	DAY	MO	DAY								

PURPOSE \_\_\_\_\_

DEPARTURE		RETURN		LOCATION OF CONFERENCE/MEETING	AUTO MILEAGE	OTHER ATTACH	LODGING	RATE** PER DAY	# NIGHTS SPENT	TOTAL PER DIEM	TOTAL
MO	DAY	MO	DAY								

PURPOSE \_\_\_\_\_

DEPARTURE		RETURN		LOCATION OF CONFERENCE/MEETING	AUTO MILEAGE	OTHER ATTACH	LODGING	RATE** PER DAY	# NIGHTS SPENT	TOTAL PER DIEM	TOTAL
MO	DAY	MO	DAY								

PURPOSE \_\_\_\_\_

ENTER TOTAL MILEAGE	0	(MILES) x	0.44		0.00
				GRAND TOTAL	0.00

I hereby certify that all items of expense included in the above statement were incurred by me in the discharge of official business; that they are proper charges against District funds; that any auto allowance claimed covers use of a privately owned automobile; and that all data furnished herewith are true and correct to the best of my knowledge.

Revised 1/5/2023

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Deputy Supt. Signature Date  
(Central office and Annex only)

PER DIEM CHART**	
HIGH RATE AREAS	\$56.00
MID RATE AREAS	\$46.00
In-State and Other Areas	\$35.00

\*\*Proof of over-night stay must be attached