

**Richmond County Public Schools
Warsaw, VA 22572**

STATEMENT OF TRAVEL

Name _____

Address _____

Date	Description and Location of Travel	Miles Traveled	Lodging	Meals	Registration	Other
TOTALS						

Daily Meal Reimbursement Rates: Breakfast \$ 10.00/Lunch \$ 15.00/Dinner \$ 25.00 Itemized receipts must be attached.

Employee's Signature

Summary: Total _____ miles @\$.50 \$ _____

Lodging \$ _____

Supervisor's Signature

Meals \$ _____

Registration \$ _____

Superintendent's Signature

Other \$ _____

GRAND TOTAL \$ _____

IF MORE THAN ONE SHEET IS USED, SHOW SUMMARY ON LAST PAGE ONLY