

**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	0.46		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 10/3/2022

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