

TEMPORARY DUTY
Personal Expenses for Overnight Stay Only

Applicant's Name _____ School _____

Date Submitted _____ Account Number to be Charged _____

The actual number of days absent will be: _____

I will leave Covington _____ at approximately _____
Time

I will return to Covington _____ at approximately _____
Time

Name of Conference: _____ Location: _____
City / State

Estimated Expenses for Which Reimbursement is to be Requested: **Sub-Total**

Transportation: # miles at 65.5 cents/mile _____ Other (Designate: plane, etc.) _____ \$ _____

Meals are Reimbursed Only When Overnight Stay is required at the rate of \$46 per day.

Number of Overnight Stays _____

Room: _____ Number of Nights @ \$ _____

Registration Fee: _____

Miscellaneous Expense (Other Tips, etc.) Please List: \$ _____ -

Baggage, _____

Total Estimated Expenses \$ _____ -

Applicant's Signature _____ Date _____

Recommended by Principal/Supervisor _____ Date _____

Upon return from the conference, complete a Request for Reimbursement Form and send to Davana Herron at Central Office

Note * Any expense for Room, Registration Fee and Miscellaneous Expenses Must be Accompanied by a Receipt for Reimbursement