PERRY COUNTY SCHOOL DISTRICT
TRAVEL SHEET

EMPLOYEE NAME: _____
SCHOOL/DEPARTMENT: _____
BUDGET CODE: _____
VENDOR NUMBER: _____

RATE OF TRAVEL **$0.72.5 CENTS PER MILE**
MEAL REIMBURSEMENT **$68.00 PER DAY/ OVERNIGHT LODGING ONLY**

FOR THE MONTH OF _____

DATE	TO	FROM	REASON	MILES	AMOUNT
TOTAL					

SIGNATURE: _____

TITLE: _____

VERIFIED BY: _____

****MUST ATTACH APPROVED "REQUEST TO ATTEND FORM" ALONG WITH VERIFICATION OF ATTENDANCE TO WORKSHOPS, SEMINARS, CONFERENCES AND ORIGINAL RECEIPTS UPON SUBMISSION OF TRAVEL REIMBURSEMENT FORM FOR PAYMENT TO BE PROCESSED.**

REVISED JANUARY 8, 2026