



Bamberg County School District

TRAVEL EXPENSE FORM

****Form to be completed & forwarded through the Principal's Office to the Superintendent's Office.****

Expenses incurred by: _____
(Check Payable To)

On behalf of: _____
(Club, Organization, School, Department, Etc.)

Trip Made To: _____

Date of Trip: _____

Purpose of Trip: _____

.....
1. Transportation _____ miles @ 0.76 (multiply @ .76) cents per mile. _____

Plane, Train, Bus, etc (Cost of ticket w/stub attached)..... _____

2. Meal Reimbursement: In state over-night trip-\$35.00/day,
Out-of-State overnight-\$50.00 per day (includes Hilton Head,
Myrtle Beach, Greenville, & Charleston)
One day out of District-\$10.00/day _____
Refer to state policy re: individual meals/time schedule regarding multi-day travel

3. Hotel bill (attach receipt) _____

4. Incidentals (Toll, bellman, taxis, etc.) _____

5. Other (list items-parking fees must include receipt) _____

Total Amount Payable _____

****A copy of the agenda & registration form(s) for meetings, workshops, or seminars should be attached to the Expense Form.**

Signature: _____ Date: _____

Approved by Principal: _____ Date: _____

Approved by Superintendent: _____ Date: _____

****REQUESTS FOR REIMBURSEMENT MUST BE MADE WITHIN 30 DAYS AFTER COMPLETION OF TRAVEL.**

DISTRICT OFFICE USE ONLY

Fund _____ Function _____ Object _____

Project print screen included _____

Fed.Program Director Sign./Date _____