



**CRAVEN COUNTY SCHOOLS
REQUEST FOR
REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES**

VN: _____

CODE: _____

INV: _____

Payee's Name	School/ Department	\$0.00
Payee's Address	Title	Total Cost
XXX-XX- Social Security No.	(Just last 4 digits)	
Date	Less Advance	
		\$0.00
From	Period covered by this voucher To	Reimbursement

This is a true and accurate statement of expenses incurred. _____ (Claimant)			Approved By: _____ Director/Supervisor/Principal _____ Superintendent or designee			This instrument has been pre-audited in the manner required by the school budget and fiscal control act. _____ Authorized Agent			
Travel (show each city visited)			Transportation		Subsistence		*Other Expenses-All Days		
Date	From	To	Mode	Daily Mileage	Amount	Type	Amount	Explanation	Amount
			P		0.00	B		Registration Fee	
			* A			L		Additional Workshop Fees	
			* R			D		Parking Fee	
						* H		Shuttle/Taxi Fee	
	Total				0.00	Total	0.00	Gas	
			P	0.00	0.00	B		Other	
			* A			L			
			* R			D			
						* H			
	Total				0.00	Total	0.00		
			P	0.00	0.00	B			
			* A			L			
			* R			D			
						* H			
	Total				0.00	Total	0.00		
	Total of Page 1		Total	0.00	0.00	Total	0.00		0.00
	Grand Totals - Pages 1 and 2		Total	0.00	0.00	Total	0.00	Total	0.00

Mode of Travel
P-Pri.-owned car
A-Air
R-Rental car

Type of Subsistence
B - Breakfast H - Hotel
L - Lunch
D - Dinner

* Needs Receipt

Include Agenda With Reimbursement

Travel (show each city visited)			Transportation			Subsistence		* Other Expenses	
Date	From	To	Mode	Daily Mileage	Amount	Type	Amount	Explanation	Amount
			P	0.00	0.00	B			
			* A			L			
			* R			D			
						* H			
	Total				0.00	Total	0.00		
			P	0.00	0.00	B			
			* A			L			
			* R			D			
						* H			
	Total				0.00	Total	0.00		
			P	0.00	0.00	B			
			* A			L			
			* R			D			
						* H			
	Total				0.00	Total	0.00		
			P	0.00	0.00	B			
			* A			L			
			* R			D			
						* H			
	Total				0.00	Total	0.00		
			P	0.00	0.00	B			
			* A			L			
			* R			D			
						* H			
	Total				0.00	Total	0.00		
			P	0.00	0.00	B			
			* A			L			
			* R			D			
						* H			
	Total				0.00	Total	0.00		
	Total Page 2		Total	0.00	0.00	Total	0.00	Total	0.00

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Include Agenda With Reimbursement