

LOWNDES COUNTY PUBLIC SCHOOLS TRAVEL REPORT

[Report must be submitted within thirty (30) days of trip]

Out of State
 Instate
 Instate – Overnight

Name _____	Title _____	Site Location _____
Address _____		
Period Covered _____		Reason for Travel _____

Subsistence Expense-Per Diem (attach original receipts)

Date	Departure time	Return time	Breakfast	Lunch	Dinner	Lodging	Total
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
TOTAL SUBSISTENCE							\$

METHOD OF TRANSPORTATION

Private Automobile

Date	Departure Time	Return Time	Total Miles	Destination		Purpose of Trip
				From	To	
			Total No. of miles			
			@ \$.55	\$		

I hereby certify that the above expenses were incurred in connection with official duties of the Lowndes County Board of Education.

Other Expenses (Commercial Transportation, Misc. (i.e. registration fees, cab fare etc.)

Date	Description	Cost
Total of Other Expenses		\$

Name _____

Signature _____

Date _____

Carpool Travel? ___ yes ___ no

Are you the designated driver? ___ yes ___ no

APPROVAL OF CLAIM

Supervisor's Signature: _____

Superintendent's Signature: _____

TOTAL EXPENSES CLAIMED \$

Account #: _____

(Approved 8-4-2014)
 (Revised 7-10-2017)

NOTES

- List the name and/or address of individual or place visited.
- If more than one point is traveled in a day, list each distance separately.
- **DO NOT ESTIMATE**. List mileage accurately and to the nearest whole mile. If mileage has been assigned for the destination, use assigned miles. (*Attaching a Google map is required if mileage hasn't been assigned*).
- Staple pages together if more than one page is required.
- No reimbursement for travel expenses will be made unless form is fully completed and properly executed.
- If per diem is required, departure time and hour of return must be completed.
- If you are leaving and returning on a different date, it must be listed on a separate line.
- List actual account code reimbursement is to be taken from.
- **ATTACH APPROVED PROFESSIONAL LEAVE FORM TO TRAVEL BEFORE SUBMITTING TO ACCOUNTS PAYABLE.**
- **ATTACH ORIGINAL WORKSHOP/CONFERENCE AGENDA(S) AND RECEIPTS(S).**