

McCrary School District Travel Reimbursement Form

NAME _____

DATE _____

Professional Development

School Business

REASON FOR TRAVEL _____

DATE	TOWN VISITED	HOTEL	MEALS	TAXI	MISC	TOTAL	BETWEEN WHAT POINTS		MILES DRIVEN	RATE PER MILE .56	AMOUNT
							FROM	TO			
SUB-TOTALS						\$	TOTALS FOR MILEAGE				\$

ITEMIZED RECEIPTS MUST BE SUBMITTED FOR REIMBURSEMENT

DOCUMENTATION FROM MEETING/WORKSHOP/CONFERENCE MUST BE ATTACHED

Subtotal	\$
Mileage	\$
Total Claimed	\$

APPROVED BY: _____
Supervisor

Employee Signature