Revised Jan 2010

Pamlico County Schools

Reimbursement of Travel and Other Expenses

Instructions: Attach all necessary receipts and documents to this form. Must be filed within 30 days.

Payee's Name _____ **Address** _____

Title/Position _____ **Location** _____

Allowable Rates: * Breakfast $7.75 * Lunch $10.10 * * Dinner $17.30 * Hotel $65.90 *	**Receipts Required:** * Hotel * Registration * Parking *

Date	From	To	Purpose	Mileage
			Total Mileage	0
			X 0.50 **mile**	$0.00

Date	Expense	Amount
	Breakfast	
	Lunch	
	Dinner	
	Hotel	
	Breakfast	
	Lunch	
	Dinner	
	Hotel	
	Breakfast	
	Lunch	
	Dinner	
	Hotel	
	Breakfast	
	Lunch	
	Dinner	
	Hotel	
	Breakfast	
	Lunch	
	Dinner	
	Hotel	
	Total Expenses	$0.00

Other Expenses
(Registration, Parking, Etc.)

Date	Explanation	Amount
	Total Other Expenses	$0.00

Grand Total	$0.00

I certify this is a true and accurate statement.

_____ / _____
(Claimant) (Date)

I have examined this reimbursement request and certify that it is just and reasonable.

_____ / _____
(Principal/Supervisor) (Date)

_____ /
(Budget Manager) (Date)

For Office Use Only	
Fund _____ **Purpose** _____ **PRC** _____ **Object** _____ **Location** _____	**Amount** _____
Fund _____ **Purpose** _____ **PRC** _____ **Object** _____ **Location** _____	**Amount** _____
Fund _____ **Purpose** _____ **PRC** _____ **Object** _____ **Location** _____	**Amount** _____
Net Reimbursement	$0.00

This instrument has been pre-audited in the manner required by the school budget and fiscal control act.

_____ _____

(Date) **(Finance Officer)**