COLBERT COUNTY SCHOOLS

Travel Reimbursement

Total mileage recorded:

Date	Time	Description	Purpose	From	To			Mileage

I hereby certify that the travel and expenses recorded were due to performance of official duties pursuant to the travel authority granted me.

Total Miles	
0.545 per mile	
Lodging (attach original receipts)	
Meals (attach original detailed receipts for individual meals)	
Registration (attach orig. receipt)	
Other (attach original document)	
Total Expenses claimed for reimbursement	

Signature Date

Name: _____

Address: _____

_____

Revised 1/1/2018