**ROCKINGHAM COUNTY SCHOOLS**

**REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES INCURRED**

**IN THE DISCHARGE OF OFFICIAL DUTY**

INSTRUCTIONS TO CLAIMANT: Submit one original to the Finance Office. Attach all necessary receipts and other supporting documents to this form. Retain one (1) copy for your records. **Must be filed at least monthly and not later than 30 days after travel ends. Must be prepared in ink or typed.**

| Payee’s Names (First, Middle Initial, Last) | School |
| --- | --- |
|  |  |
| Payee’s Address (Street) | Headquarters (City) |
|  |  |
| (City, State, Zip) | Title |
|  |  |
| Comments:  |

Under penalties of perjury I certify this is a true and accurate statement of the city of Lodging, expenses and allowances incurred in the service of the School System. I have examined this reimbursement request and certify that it is just and reasonable.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (CLAIMANT) |  | (DATE) |  | (SUPERVISOR) |  | (DATE) |

NOTE: ORIGINAL SIGNATURE AND DATES ARE REQUIRED FOR PROCESSING

| **FINANCE OFFICE USE ONLY** | This instrument has been preaudited in the manner required by the School Budget and Fiscal Control Act. |
| --- | --- |
|  |  |
| Approved For Payment |  |  | Invoice No. |  |
| Date Paid |  |  | Vender No. |  |
| Check No. |  |  | Account No. |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Period Covered by This Request |  | Total Expenses Claimed/GROSS AMOUNT | $ |  |
|  |  |  |  |  |  |
| From: |  Departure:  | AM/PM | Less: TRIP/TRAVEL ADVANCE | $ |  |
|  |  |  |  |  |  |
|  To: |  Return:  | AM/PM | Net Reimbursement | $ |  |
|  |  |  |  |  |  |

| DATE | TRAVEL (Show Each City Visited) | TRANSPORTATION | SUBSISTENCE | OTHER EXPENSES |
| --- | --- | --- | --- | --- |
| From | To | 1MODE | Daily Private Car Mileage | In State | Out of State | 2TYPE | In State | Out of State | Explanation | Amount |
|  |  |  | P |  | @ |  |  |  | B |  |  |  |  |
|  |  |  | A |  |  |  | L |  |  |  |  |
|  |  | O |  |  | D |  |  |  |  |
|  |  | R |  |  | H |  |  |  |  |
|  |  | P |  | @ |  |  |  | Tot |  |  |  |  |
|  |  |  | P |  | @ |  |  |  | B |  |  |  |  |
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|  |  | R |  |  | H |  |  |  |  |
|  |  | P |  | @ |  |  |  | Tot |  |  |  |  |
| (1) Mode of Travel:P – Private CarA – AirO – Other, rail, bus taxi, tolls, parking feesR – Rental Car | (2) Type of Subsistence:B – BreakfastL – LunchD – DinnerH – Room (Housing)Tot – 24 hr. period |  |  |  | TOTALTRANS. | TOTALTRANS. |  | TOTALSUBS. | TOTALSUBS. |  | TOTALOTHER EXP |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | (3) Daily total for subsistence not to exceed authorized amount for in-state or out-of state travel. |  |  |
|  |  |  |  |  |

| DATE | TRAVEL (Show Each City Visited) | TRANSPORTATION | SUBSISTENCE | OTHER EXPENSES |
| --- | --- | --- | --- | --- |
| From | To | 1MODE | Daily Private Car Mileage | In State | Out of State | 2TYPE | In State | Out of State | Explanation | Amount |
|  | Totals Brought Forward |  |  |  |  |  |  |  |  |  |
|  |  |  | P |   | @ |   |  |  | B |  |  |  |  |
|  |  |  | A |  |  |  | L |  |  |  |  |
|  |  | O |  |  | D |  |  |  |  |
|  |  | R |  |  | H |  |  |  |  |
|  |  | P |   | @ |   |  |  | Tot |  |  |  |  |
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