



**ROCKINGHAM COUNTY SCHOOLS
REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES INCURRED
IN THE DISCHARGE OF OFFICIAL DUTY**

7/14

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	1 M O D E	Daily Private Car Mileage	In- State	Out of State	2 T Y P E	In- State	Out of State	Explanation	Amount
			P	@			B				
			A				L				
			O				D				
			R				H				
			P	@			Tot				
			P	@			B				
			A				L				
			O				D				
			R				H				
			P	@			Tot				
			P	@			B				
			A				L				
			O				D				
			R				H				
			P	@			Tot				
					TOTAL TRANS.	TOTAL TRANS.		TOTAL SUBS.	TOTAL SUBS.		TOTAL OTHER EXP

(1) Mode of Travel:
P – Private Car
A – Air
O – Other, rail, bus taxi, tolls,
parking fees
R – Rental Car

(2) Type of Subsistence:
B – Breakfast
L – Lunch
D – Dinner
H – Room (Housing)
Tot – 24 hr. period

(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	1 M O D E	Daily Private Car Mileage	In- State	Out of State	2 T Y P E	In- State	Out of State	Explanation	Amount
Totals Brought Forward											
			P	@			B				
			A				L				
			O				D				
			R				H				
			P	@			Tot				
			P	@			B				
			A				L				
			O				D				
			R				H				
			P	@			Tot				
			P	@			B				
			A				L				
			O				D				
			R				H				
			P	@			Tot				
			P	@			B				
			A				L				
			O				D				
			R				H				
			P	@			Tot				
			P	@			B				
			A				L				
			O				D				
			R				H				
			P	@			Tot				
			P	@			B				
			A				L				
			O				D				
			R				H				
			P	@			Tot				
			P	@			B				
			A				L				
			O				D				
			R				H				
			P	@			Tot				
			P	@			B				
			A				L				
			O				D				
			R				H				
			P	@			Tot				
			P	@			Tot				
				TOTAL	TOTAL		TOTAL	TOTAL		TOTAL	
				TRANS.	TRANS.		SUBS.	SUBS.		OTHER EXP	

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