

# Vance County Schools

## Travel Reimbursement Request

### Form

Central Office Use Only
Invoice #: _____
Vendor #: _____

Full Name:  Address:  Last Four Digits of SSN:  Work Location:

Date	Depart/Return Time	Auto Miles	From and To	Reimburse. Number*	Budget Code	Breakfast	Lunch	Dinner	Misc

\*Reimbursement Number from your Professional Leave Form (PLF). | Note: See instructions for specific travel guidance and policies. Please use a new form if more rows are needed.

Total Miles	<input style="width: 60px;" type="text"/>	X	IRS Rate	<input style="width: 60px;" type="text"/>	=	<input style="width: 60px;" type="text"/>	Explanation for Misc Expenses	<input style="width: 100%; height: 40px;" type="text"/>	
Total Meals (Brkfst + Lunch + Dinner)	<input style="width: 60px;" type="text"/>								Signed _____
Total Misc	<input style="width: 60px;" type="text"/>								Date _____
Total Expenses	<input style="width: 60px;" type="text"/>								Approved _____
									Date _____