## STATEMENT OF TRAVEL

## Lunenburg County Public Schools Kenbridge, Virginia 23944

8 / 8			
		Date:	
Location:		_	Name:
**IMPORTANT** To be paid, an adding-machine tape of expenditures must be attached. Any receipts MUST be attached to the reverse side.			
		T	Other Expenses
	Nature and Purpose of	Miles	
Date	Expenditures	Traveled	(E.g., Room and Board at Conference)
		†	
		†	
		†	
		†	
		†	
		+	
		†	
		+	
			Miles at \$.535 mile: \$
Employee	's Signature (Required)		Ψ
Employee 3 Signature (Required)			Total other expenses:
			Total other expenses.
D : :12.	/6 : ; 6:	_	T (ID ) I
Principai s	s/Supervisor's Signature		Total Reimbursement:  \$
		REIMBURSEMENT RATES	
APPROVED:			
		Meal allowand	ce is a maximum of \$36.00 per day, including tax and tip. Any
		amount above	e the daily rate has to be preapproved by Central Office.
			rerages are disallowed expenses. Hotels must be the conference nment rate. Any other rate must be preapproved by Central
Revised 04/11/18			ge rate for private vehicles is \$.535 per mile.