

**SYLACAUGA BOARD OF EDUCATION  
TRAVEL REIMBURSEMENT FORM**

NOTE: REIMBURSEMENT WILL NOT BE MADE WITHOUT RECEIPTS.  
PRIOR WRITTEN APPROVAL OF TRAVEL IS REQUIRED.

TRAVEL DATES(S): \_\_\_\_\_

PURPOSE AND DESTINATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRAVEL:**

PERSONAL VEHICLE: \_\_\_\_\_ MILES X .625 = \$ \_\_\_\_\_

OTHER \_\_\_\_\_

\_\_\_\_\_

MEALS AND TIPS (ATTACH ALL RECEIPTS) \_\_\_\_\_

LODGING (DETAIL INVOICE REQUIRED) \_\_\_\_\_

**OTHER EXPENSES (LIST):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL REIMBURSEMENT REQUESTED \$ \_\_\_\_\_

SUBMITTED BY \_\_\_\_\_

DATE \_\_\_\_\_

CHARGE FUND \_\_\_\_\_

APPROVED BY \_\_\_\_\_

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**FOR OFFICE USE ONLY**

EMPLOYEE VENDOR NUMBER \_\_\_\_\_

GL DISTRIBUTION \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_