

**COVINGTON COUNTY SCHOOLS
TRAVEL REIMBURSEMENT REQUEST**

NAME: _____

APPROVED _____

Superintendent of Education

Source of Funds _____

Supervisor

Date	Points of Travel	Hour of Departure A.M. P.M.		Hour of Return A.M. P.M.		Private Car Miles
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					
	From: _____ To: _____ Purpose: _____					

TOTAL AMOUNT FOR TRANSPORTATION:
 _____ Miles @ 57.5 cents Per Mile
 (Effective January 1, 2020)

Transportation Total \$ _____

Miscellaneous Total \$ _____

Grand Total \$ _____

Detail meal and other miscellaneous expenses. You must furnish receipts for all reimbursements.

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<p>I hereby certify that the travel and expenses indicated were incurred for official duties pursuant to authorization granted by the Superintendent.</p>	
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Signature