

# TRAVEL REIMBURSEMENT REQUEST FORM

## RUSSELL COUNTY BOARD OF EDUCATION

Date: \_\_\_\_\_

Statement of travel of \_\_\_\_\_  
(Name of Employee Filing Claim)

In Connection With \_\_\_\_\_  
(Reason for Travel)

### MILEAGE CLAIM

Date	Travel Destination	Number of Miles	Rate per mile	Total
			\$0.67	
			\$0.67	
(\$0.67/mile effective 1/1/2024).			TOTAL	

Hotel, Meals, Etc. (see Travel Procedures for allowable claims.)

Date	Itemized List (must attach original sales slips)	Amount

Employee Signature \_\_\_\_\_

TOTAL

By signing above the employee is certifying the accuracy of this claim

Address: \_\_\_\_\_  
\_\_\_\_\_

GRAND  
TOTAL

\_\_\_\_\_  
**Approved for payment**

**G/L Number to be charged:** \_\_\_\_\_