

Scott County Schools Travel Authorization & Reimbursement Form

Prior to departure, all employee travel must be approved using this Travel Authorization/Reimbursement Form

Only 1 employee per form

Employee: _____ Work Location: _____ Date: _____

Home Address: _____

Complete Before Trip = Estimated

ESTIMATED EXPENSES & PRE-TRAVEL AUTHORIZATION

Conference Name: _____ Location: _____

Conference Begins: (Date & Time) _____ Conference Ends: (Date & Time) _____

Travel Date(s) and Times			Est Exp Prepaid Exp Total	Registration	Airfare	Lodging	Meals	Mileage	Other	Total
Date	Time									
Departure										
Return										

Lodging Information
Hotel: _____
Date In: _____
Date Out: _____
Confirmation # _____

Sub Required ? Y or N _____

Total Sub Cost \$ _____

Sub Funding Source(s) _____

Employee Signature _____ Principal/Supervisor Signature _____ Budget Manager Signature _____ Superintendent Signature _____

Complete After Trip = Actual Costs

ACTUAL EXPENSES & REIMBURSEMENT APPROVAL FORM

Mileage		Destination	Time		Lodging	Meals			Other	Total
Date	# Miles		Leave	Return		Breakfast	Lunch	Dinner		
COLUMN TOTALS										

I certify subject to the provisions of KRS 523.100 (unsworn falsification to authorities) that the expenses submitted were incurred by me, in accordance with Board Policy, on behalf of the Scott County Board of Education and that all information furnished, on each document submitted, is true and correct to the best of my knowledge.

TOTAL THIS SHEET	ENTER MILES FROM ALL PAGES _____ X
	_____ RATE PER MILE
TOTALS FROM ALL CONTINUATION PAGES	
GRAND TOTAL	

Employee Signature _____ Principal/Supervisor Signature & Date _____ PAY PER ACCT # _____

_____ Date _____ Budget Manager Signature & Date _____

Original receipts and statements must be attached for all reimbursable expenses.