

**COVINGTON COUNTY SCHOOLS
TRAVEL REIMBURSEMENT REQUEST**

NAME: _____

APPROVED _____

Superintendent of Education

Source of Funds _____

Supervisor

| Date | Points of Travel | Hour of Departure | | Hour of Return | | Private Car Miles |
|------|-----------------------------------|-------------------|------|----------------|------|-------------------|
| | | A.M. | P.M. | A.M. | P.M. | |
| | 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 @ 58 cents Per Mile
 (Effective January 1, 2019)

Transportation Total \$ _____

Miscellaneous Total \$ _____

Grand Total \$ _____

| | |
|---|--|
| Detail meal and other miscellaneous expenses. You must furnish receipts for all reimbursements. | |
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|--|
| I hereby certify that the travel and expenses indicated were incurred for official duties pursuant to authorization granted by the Superintendent. |
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Signature