

HARDY COUNTY BOARD OF EDUCATION
Travel / Itinerant Teacher Expense

NAME _____
ADDRESS _____

DESTINATION FROM: _____
TO: _____

AREA OF STUDY: _____

Please use the following to mark:

X on days traveled

A on absent days

H on holidays

MONTH _____

YEAR _____

Insert calendar dates

Monday	Tuesday	Wednesday	Thursday	Friday

- Travel Reimbursement - based on the state reimbursement rate
- Standard mileage will be used for calculations
- Reimbursement request are to be submitted within 10 days of the end of the month
- Reimbursement request submitted beyond 45 days may not be reimbursed
- Please enter actual miles traveled and Finance office will complete calculations

Signature

Date

APPROVED BY:

Signature of Principal/Director

Date