

Logan County Board of Education Out-Of-County Travel Expense Account

NAME: _____ WORK LOCATION: _____
 TITLE _____ EXPENDITURE CODE: _____
 ADDRESS: _____ DATE SUBMITTED: _____

Conference Beginning: _____ Ending Date: _____

Dates of Requested Travel: _____ To: _____

Location of Conference/Meeting: _____

Name of Lodging: _____

Method of Travel: _____

Time Departing: _____ Time Returned: _____

Reason for Your Attendance: _____

							(1)	
DATE	CITY/STATE		MILES	AMOUNT	MEALS	LODGE	OTHER EXPENSE	TOTAL
	FROM:	TO:						
TOTAL:								

(1) Other Expense (Please Explain)

DATE	ITEMS	AMOUNT

No reimbursement allowed
if not submitted within
sixty (60) days.

STATE OF WEST VIRGINIA
COUNTY OF LOGAN

I, the undersigned, do solemnly swear the above expense account is just, accurate, and true, and is claimed for cash expended for the purpose itemized in this statement. Taken, subscribed, and sworn before me this

_____ day of _____, 20 ____

Notary Public

Signature of Person Filing Account

Approved by Supervisor

Approved by Superintendent