INVOICE FOR REIMBURSEMENT FOR TRAVEL EXPENSES FOR:
SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT

Pay To: ____________________________________________________________

Address: ___________________________________________________________

______________________________________________________________

Purchase Order Number: ____________________________________________ (Attach Signed Copy)

Fund Number: ______________________________________________________

Expenses Incurred From: ___________________________ Date: ____________
                      Location

Expenses Incurred To: ___________________________________ Date: ____________
                      Location

For: ______________________________________________________________

          Purpose and Destination of Trip

                      MEALS                          LODGING

                      DATE  BREAKFAST  LUNCH  DINNER  TOTAL        DATE  PLACE  AMOUNT
                      Total

                      Breakfast $7.00  Lunch $14.00  Dinner $20.00

TRAVEL BY PRIVATE AUTOMOBILE (57.5 cents per mile)

___ miles @ .575 = $

TRAVEL BY PUBLIC CARRIER (Bill Attached)

Name of Carrier  From  To  Date  Total Amt.

Meals  $  
Lodging  $  
Transportation  $  
Other (Parking)  $  
TOTAL INVOICE  $  

Employee Signature: __________________          Approved: __________________

Principal / Supervisor

Approved for Payment: _____________________________________________

Accountant

All travel must be submitted within thirty (30) days for reimbursement eligibility