

**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					Total	Pre-Paid	

Breakfast \$7.00 Lunch \$14.00 Dinner \$20.00

TRAVEL BY PRIVATE AUTOMOBILE (54.5 cents per mile) _____ miles @ .545 = \$

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