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

Pay To:						-		
Address:						-		
Purchase Order Number:						(Attach Signed Copy)		
Fund Num	ber:			 				
Expenses I	ncurred From:		Date Location					
Expenses Incurred To:								
			Location					
For:		Purpose and Destination of Trip						
		MEALS				LODGING		
DATE	BREAKFAST	LUNCH	DINNER	TOTAL	DATE	PLACE	AMOUNT	
Total					Total	Pre-Paid		
	0 Lunch \$1	4.00	Dinner \$20.	00				
TRAVEL BY PRIVATE AUTOMOBILE (57.5 cents per mile)						miles @ .575 =	\$	
TRAVEL I	BY PUBLIC CARR	RIER (Bill A	ttached)					
						Б.,	TD - 1 A -	
Name of Carrier From				То		Date	Total Amt.	
3.6.1			Φ	Employee			1	
Meals Lodging			\$	Signature:				
Lodging Transporta	tion		\$					
Other (Parking) \$				Approved:				
TOTAL II		\$		Principal	/ Supervisor			
pproved for		tant						

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