Nottoway County Public Schools
Record of Expenses

Name _____
Address _____
_____

Conference _____
Traveler's Signature _____
Supervisor's Signature _____
Date _____

Date	Travel		Depature Time	Return Time	Method of Travel	# of miles	Mileage & Fares	Meals				Cost of Lodging	Toll Amount	Parking	Registration Fee	Other	Total for Day
	From	To						B	L	D	Total						
TOTALS																	

Purpose of Trip
(see back page for specific instructions)

1. Please fill in complete name and address (including zip code). Reimbursement check will be sent to this address.
2. List each day's expenses on a separate line.
3. Departure and return times are required to claim meal expense.
4. Meal limits are - Breakfast $8, Lunch $12, Dinner $20 ($38 max on first & last day of travel)
5. Attach copy of approved Travel Request and receipts.
6. Pre-approved mileage for use of private car will be reimbursed at .535 per mile effective 7/1/17

Updated 7 7/1/2017