

Scott County Schools Travel Authorization & Reimbursement Form *Continuation*

Prior to departure, all employee travel must be approved using this Travel Authorization/Reimbursement Form

Only 1 employee per form

Employee: _____

Work Location: _____

Date: _____

Home Address: _____

ACTUAL EXPENSES REIMBURSEMENT CONTINUATION										
Mileage		Destination	Time		Meals				Other	Total
Date	# Miles		Leave	Return	Lodging	Breakfast	Lunch	Dinner		
COLUMN TOTALS										

I certify subject to the provisions of KRS 523.100 (unsworn falsification to authorities) that the expenses submitted were incurred by me, in accordance with Board Policy, on behalf of the Scott County Board of Education and that all information furnished, on each document submitted, is true and correct to the best of my knowledge.

TOTAL THIS PAGE

**FORM TR-1
CONTINUATION**
*Use only in conjunction
with TR-1 Form*