Scott County Schools Reimbursement Form

Only 1 employee per form

Employee:_____ Work Location:_____ Date:_____

Home Address:_____

CONFERENCE INFORMATION

Conference Name:_____ Location:_____

Conference Begins: (Date & Time) Conference Ends: (Date & Time)

ACTUAL EXPENSES & REIMBURSEMENT APPROVAL FORM

Mileage		Destination	Time			Meals				
Date	# Miles		Leave	Return	Lodging	Breakfast	Lunch	Dinner	Other	Total
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 SHEET	
ENTER MILES FROM ALL PAGES_____ X	
TOTALS FROM ALL CONTINUATION PAGES	
GRAND TOTAL	

Employee Signature

Principal/Supervisor Signature & Date

PAY PER ACCT #_____

Date

Budget Manager Signature & Date

Original receipts and statements must be attached for all reimbursable expenses.

Revised 8.25.14

FORM TR-2