

Pendleton County Board of Education

PLEASE SUBMIT
MONTHLY ONLY

EXPENSE ACCOUNT

IN/OUT-OF-COUNTY

Name _____ Title _____

Address _____

Mode of Transportation: Personal Auto _____ County Vehicle _____ Other _____

Attendance Request Form Completed for Out of County Travel? Yes _____ No _____

Date	From	To	Purpose of Travel	Mileage	Amount	Hotel	Meals	Other Exp.	Total
		TOTAL							

PLEASE CHECK THE APPROPRIATE PROGRAM:

_____ COUNTY _____ SPECIAL ED _____ STEP 7	_____ TITLE 1 _____ VOCATIONAL _____ OTHER _____
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STATE OF WEST VIRGINIA, COUNTY OF PENDLETON, to wit: I, the undersigned, do solemnly swear that the above expense account is just, accurate and true, and is claimed for cash expended for the purpose named in this statement.

Approved by:

Superintendent or Supervisor

Employee Signature

Date

Please attach:
Hotel Receipts
Registration Fees
Misc. Receipts

-Meals are reimbursed at actual cost up to \$30 per day for overnight travel
 -REIMBURSEMENT MUST BE SUBMITTED WITHIN 45 DAYS