

# 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 _____
--	--

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