

## HYDE COUNTY SCHOOLS Reimbursement of Travel and Other Expenses

Instructions: Attach all necessary receipts and documents to this form and submit to the Finance Department within 30 days.

<b>Name:</b>	<b>Vendor #:</b>	<b>Account Code:</b>	
<b>Address:</b>		<b>Workshop/Activity:</b>	
<b>Employee ID:</b>		<b>Departure Date/Time:</b>	<b>Return Date/Time:</b>
<b>Position/Title</b>		<b>School/Department:</b>	

### TRAVEL

Date	From (City and State)	To (City and State)	Daily Private Car Mileage	In-State	Out-of-State
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
<b>TOTAL</b>				<b>\$</b>	<b>\$</b>

### SUBSISTENCE

Date	Expense	In-State	Out-of-State
	Breakfast	\$	\$
	Lunch	\$	\$
	Dinner	\$	\$
	Hotel	\$	\$
	Breakfast	\$	\$
	Lunch	\$	\$
	Dinner	\$	\$
	Hotel	\$	\$
	Breakfast	\$	\$
	Lunch	\$	\$
	Dinner	\$	\$
	Hotel	\$	\$
	<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

### OTHER EXPENSES (registration, parking, etc.)

Date	Explanation	Amount
		\$
<b>TOTAL</b>		<b>\$</b>
<b>GRAND TOTAL</b>		<b>\$</b>

*This instrument has been preaudited in the manner required by the School Budget and Fiscal Control Act.*

_____	_____
Employee's Signature	Date
_____	_____
Supervisor's Signature	Date
_____	_____
Finance Officer's Signature	Date

#### Subsistence Rates

	In-State	Out-of-State
<b>Breakfast</b>	\$8.40	\$8.40
<b>Lunch</b>	\$11.00	\$11.00
<b>Dinner</b>	\$18.90	\$21.60
<b>Lodging (actual, up to)</b>	\$71.20	\$84.10

#### Travel Rates

<b>School Vehicle Not Available (eff. 1/1/2018)</b>	54.50 cents per mile
<b>School Vehicle Available (but opt to use private)</b>	30 cents per mile

*(School Vehicle Not Available (prior to 1/1/2018) (5 .5 cents per mile)*

**TRAVEL**

Date	From (City and State)	To (City and State)	Daily Private Car Mileage	In-State	Out-of-State
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
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			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			@ \$ _____	\$	\$
			<b>TOTAL</b>	\$	\$

**SUBSISTENCE**

Date	Expense	In-State	Out-of-State
	Breakfast	\$	\$
	Lunch	\$	\$
	Dinner	\$	\$
	Hotel	\$	\$
	Breakfast	\$	\$
	Lunch	\$	\$
	Dinner	\$	\$
	Hotel	\$	\$
	Breakfast	\$	\$
	Lunch	\$	\$
	Dinner	\$	\$
	Hotel	\$	\$
	Breakfast	\$	\$
	Lunch	\$	\$
	Dinner	\$	\$
	Hotel	\$	\$
	<b>TOTAL</b>	\$	\$

**OTHER EXPENSES (registration, parking, etc.)**

Date	Explanation	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
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		\$
		\$
		\$
		\$
	<b>TOTAL</b>	\$