TRAVEL EXPENSE ACCOUNT

Name:	**Purpose of Trip:**
Address:	**Account Code:**
	Travel Approved by:
Mode of Transportation:	**Trip ID Number(s):**

1) Mileage will be reimbursed at the rate of **57.5¢** per mile effective January 1, 2020.
2) Receipts for lodging and other expenses must be attached to this form before payment will be made. Receipts are required for all claims except mileage and meals. Meals are reimbursed only when spending the night.
3) If more than one trip is listed on this form, use the back of the form to record the purpose of each trip.
4) An approved SchoolDude Trip Details Report must be attached for out-of-county meetings.
5) **Travel expenses must be submitted within 60 days for approval of payment.**

Date	From To	Mileage	Amount	Hotel	Meals			Other Expense	TOTAL
					B	L	D		
TOTALS									

State of West Virginia, County of Jackson 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.

Employee Signature _____ Date_____

Approved _____ Date_____
Superintendent