

Allegheny County Schools
Reimbursement for Travel Outside County and Other Expenses
Incurred in the Discharge of Official Duty

Payee's Name: _____ Name of Conference: _____

Payee's Address: _____

Departed from: _____ Destination: _____

Please read instructions on back before filling out this form:

	<u>MEALS</u>	<u>AMOUNT</u>	<u>REGISTRATION/ OTHER EXPENSES</u>	
<u>Departure date:</u> _____			<u>Amount</u>	<u>Description</u>
<u>Departure time:</u> _____				
	Breakfast			
	Lunch			
	Dinner			
	Hotel			
<hr/>				
Date: _____	Breakfast			
	Lunch			
	Dinner			
	Hotel			
<hr/>				
Date: _____	Breakfast			
	Lunch			
	Dinner			
	Hotel			
<hr/>				
Date: _____	Breakfast			
	Lunch			
	Dinner			
	Hotel			
<hr/>				
Return Date: _____	Breakfast			
Return Time _____	Lunch			
	Dinner			
	Hotel			
<hr/>				
	TOTALS \$	0.00	* \$	0.00

Total miles for trip: _____ **0** @ \$0.40= total for mileage **\$0.00**

Total expenses claimed \$ _____ **0.00**

Claimant's signature _____ Date _____

Supervisor's signature _____ Date _____

Vendor# _____
 Invoice # _____
 Code # _____

Amount Paid \$ _____
 Date Paid _____
 Voucher # _____