

1516 Mary Lou Retton Dr. Fairmont, WV 26554

> Phone: (304)367-2100 Fax (304)367-8976

Out of County Travel Expense Account

upil Services Department Use Only										
/ENDOR: ACCOUN	NT #					AUTH	ORIZATION	N:		
NAME:		_ ADDI	RESS:							
POSITION:			DEPT: Pu	upil Serv	<u>ices</u> Mi	ileage rei	mbursem	ent: \$0.6	67 (eff. 1	/1/2024
DESTINATION:				_ PURP	OSE:					
DATE(S):										
MILEAGE: (Miles)										
Amount @ \$0.67	\$	-	\$	-	\$	-	\$	-	\$	-
BREAKFAST										
UNCH										
DINNER										
.ODGING										
OTHER: (Allowable items) Registration fees, tolls, parking, etc.)										
THER: (Allowable items)										
Registration fees, tolls, parking, etc.) THER: (Allowable items)					+					
Registration fees, tolls, parking, etc.)	_									
OTAL(S)										
			GRAN	D TOTAI	L:					
a copy of the hotel or motel bill must be equested for travel by common carrie Maximum allowance per day for meal- liem-rates if itemized detail receipts a fou must use your personal vehicle to	r. You are s is the GSA re provided	to show a A approve d. If no re	a total each d rate for th ceipts for m	day and a ne city you neals are p	grand tota are staying rovided, m	al for the t g at found aximum a	rip. at www.gs Ilowance w	sa/gov/tra vill be \$25	ve/plan-bo	
TATE OF WEST VIRGINIA, COU			N, TO WIT	Ր։ I, the ւ	undersign	ned, do s	olemnly	swear th	nat the ab	oove
expense account is just, accurat	te and tru	ıe.								
					Employee Signature					
Taken, subscribed and sworn to be this					, 20					
My commission expires:				_, 20						
			_							
					Notary	Public				
					·					
			-							
					County	^r Treasur	er			