CARTERET COUNTY PUBLIC SCHOOLS
REQUEST FOR REIMBURSEMENT OF LOCAL ITINERANT TRAVEL

Payee's Name _____ Title _____

Home Base _____

Payee's Home Address _____

Period Covered From_____To_____ Reimbursement $_____

Date	From To	Miles		Date	From To	Miles

Total Miles _____ x .505 = $_____

Instructions to Claimant: Submit your local itinerant travel to your supervisor for their approval/signature. Once approved please provide two copies (original and one copy) to Central Services for processing of payment.

This is a true and accurate statement of expenses incurred in the service of the Carteret County Public Schools.

_____
Claimant's Signature

I certify that the expenses incurred are necessary and proper and amounts claimed are just and reasonable.

_____
Supervisor's Signature

FOR CENTRAL OFFICE USE ONLY

V#_____ Inv#_____

Amt_____ Desc_____

Code _____

VO#_____ Date _____

THIS INSTRUMENT HAS BEEN PREAUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT.

_____
FINANCE OFFICER