

**CARTERET COUNTY PUBLIC SCHOOLS  
REQUEST FOR REIMBURSEMENT OF OVERNIGHT TRAVEL  
AND OTHER EXPENSES INCURRED**

Payee's Name \_\_\_\_\_ Title \_\_\_\_\_ Home Base \_\_\_\_\_

Payee's Home Address \_\_\_\_\_

Name of Conference \_\_\_\_\_ Location \_\_\_\_\_

Conference Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Reimbursement \$ \_\_\_\_\_

Date	From	To	Miles	Date	From	To	Miles

Total Miles \_\_\_\_\_ x .505 = \$ \_\_\_\_\_

Date	Breakfast \$7.50	Lunch \$9.75	Dinner In State \$16.75 Out of State \$19.00	Hotel In State \$63.75 Out of State \$75.50	Daily Total
Explanation of Other Expenses:					
Sub Total					

**GRAND TOTAL \$ \_\_\_\_\_**

Instructions to Claimant: Submit your Request for Reimbursement of Overnight Travel (SD-10) to your supervisor for approval/signature. Once approved please provide two copies (original and one copy) to Central Services for processing of payment. When submitting your (SD-10) to Central Services you will need to attach one copy of the Request for Prior Approval of Professional Leave Funding and Absence (SD-2) to your SD-10. Attach original copies of hotel, parking, shuttle receipts etc. to your SD-10.

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

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

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
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
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