

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 \$ \_\_\_\_\_

Table with 8 columns: Date, From, To, Miles, Date, From, To, Miles. Includes a row for Total Miles x .625 = \$

Table with 6 columns: Date, Breakfast (\$9.00), Lunch (\$11.80), Dinner (In State \$20.50, Out of State \$23.30), Hotel (In State \$78.90, Out of State \$93.20), 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. Expenses were incurred in the service of 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