

STATEMENT OF TRAVEL

**Lunenburg County Public Schools
Kenbridge, Virginia 23944**

Date: _____

Location: _____

Name: _____

****IMPORTANT****

**TO BE PAID, AN ADDING-MACHINE TAPE OF EXPENDITURES MUST BE ATTACHED.
ANY RECEIPTS MUST BE ATTACHED TO THE REVERSE SIDE.**

Date	Nature and Purpose of Expenditures	Miles Traveled	Other Expenses (E.g., Room and Board at Conference)

Miles at \$.535/mile: \$ _____

Employee's Signature (Required)

Total other expenses: _____

Principal's/Supervisor's Signature

Total Reimbursement: \$ _____

APPROVED: _____
Division Superintendent

REIMBURSEMENT RATES

Meal allowance is a maximum of **\$36.00** per day, including tax and tip. Any amount above the daily rate has to be preapproved by Central Office. Alcoholic beverages are disallowed expenses. Hotels must be the conference rate or government rate. Any other rate must be preapproved by Central Office. Mileage rate for private vehicles is \$.535 per mile.