

BALDWIN COUNTY BOARD OF EDUCATION

Travel Expense Statement

Name of Employee: _____ Base Station: _____

Description of Travel: _____

Dates of Travel: Beginning _____ Ending: _____

SUMMARY OF EXPENDITURES

Mileage Expenses: Round Trip From: _____
 To: _____
 _____ miles @ _____ cents/mile \$ _____

Registration Expenses: (Attach receipts) _____

List Other/Miscellaneous: (Attach receipts) _____

In-State

Hotel Bill _____ per day for _____ days = _____

Indicate Rate Type:

Conference Hotel Rate

Standard Rate Not to Exceed \$230/
 night (Plus applicable taxes)

(Must have attached receipt to receive reimbursement)

Daily Per Diem for Food and Meals

Days Travel _____ x \$45.00 = _____

Out-of-State

Hotel Bill _____ per day for _____ days = _____
 (Attach original receipt)

Airline ticket or other transportation: (Attach receipt) _____

Food/M meal Allowance:

(Use Out-of-State per diem rates set by the United States General Services Administration.
 The chart can be found on the BCBE website under Travel Procedures and Forms)

Destination City/Nearest City

Rate

of Days

x

=

Car Rental: Must have **PRIOR** approval (Attach receipt) _____

ATTACH A COPY OF APPROVED ADMINISTRATIVE LEAVE REQUEST FORM A103 AND AGENDA

APPROVED: _____
 Superintendent

GRAND TOTAL: \$ _____

I hereby certify that the above amount is correct and unpaid.

Principal / Supervisor / Coordinator / Executive Staff

Payee

CODE(S): _____