

# 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): \_\_\_\_\_