### WHITLEY COUNTY BOARD OF EDUCATION
### MONTHLY TRAVEL REIMBURSEMENT REQUEST

**NAME**

**VENDOR #**

**FUNDING SOURCE**

**DATE**

**SCHOOL/LOCATION**

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<tr>
<th>DEPARTURE</th>
<th>RETURN</th>
<th>AUTO MILEAGE</th>
<th>OTHER</th>
<th>RATE**</th>
<th># NIGHTS</th>
<th>TOTAL PER DIEM</th>
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**PURPOSE**

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### ENTER TOTAL MILEAGE

0 (MILES) x 0.41 = 0.00

**GRAND TOTAL** 0.00

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I hereby certify that all items of expense included in the above statement were incurred by me in the discharge of official business; that they are proper charges against District funds; that any auto allowance claimed covers use of a privately owned automobile; and that all data furnished herewith are true and correct to the best of my knowledge.

[[Revised 4/02/2019]]

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**Employee’s Signature**

**Date**

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**Supervisor’s Signature**

**Date**

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**Deputy Supt. Signature**

**Date**

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**PER DIEM CHART**

- **HIGH RATE AREAS** $56.00
- **MID RATE AREAS** $46.00
- **In-State and Other Areas** $35.00

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**Proof of over-night stay must be attached**

(Central office and Annex only)