Marshall County Board of Education

TRAVEL EXPENSE STATEMENT - IN COUNTY

NAME _____ TITLE _____ BASE LOCATION _____

MODE OF TRANSPORTATION:

☐ PERSONAL AUTO ☐ OTHER (NOTE)_____

PURPOSE FOR TRAVEL OR NAME OF CONFERENCE:

_____

Date	From To	Mileage	Amount		Lodging		Meals		Other Expense		Total
	TOTALS										

FUNDING SOURCE:_____

STATE OF WEST VIRGINIA, COUNTY OF MARSHALL TO WIT:

I, the undersigned, do solemnly swear that the above account is just, accurate and true, and is claimed for cash expended for the purpose named in the above statement.

Signed: _____

NOTE:
Receipts required: Lodging, Parking, Tolls

I certify that I have personally examined this statement and items of expense herein agree with reports of work performed, and the amount charged are within policy.

Supervisor's Signature _____

Superintendent's Signature _____

Vendor No. _____

Account Code _____