

**Marshall County Board of Education**  
**TRAVEL EXPENSE STATEMENT - OUT OF 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 |
|---------------|------|----|---------|--------|--|---------|--|-------|--|---------------|--|-------|
|               |      |    |         |        |  |         |  |       |  |               |  |       |
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| <b>TOTALS</b> |      |    |         |        |  |         |  |       |  |               |  |       |

**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: \_\_\_\_\_

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 \_\_\_\_\_

**NOTE:**  
 Receipts required: Lodging, Parking, Tolls