

**Barnwell County Career Center  
5214 Reynolds Road  
Blackville, SC 29817**

**Travel Reimbursement Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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Purpose of Trip: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

<u>Date(s) of Trip</u>	<u>From</u>	<u>To</u>	<u>Miles</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Miles: \_\_\_\_\_

x 44.5¢ per mile: (A) \$ \_\_\_\_\_

Other Expenses: Meals: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Registration: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Other Expenses: (B) \$ \_\_\_\_\_

Total Cost of Trip (A + B) = \$ \_\_\_\_\_

**\*\*\*ATTACH RECEIPTS FOR ALL ITEMS CLAIMED\*\*\***

I certify that the above report is true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

**Per Board Policy:**

- **Meals will be reimbursed at cost up to the maximum amounts specified below:**

<b>Breakfast:</b>	<b>\$ 6.00</b>
<b>Lunch:</b>	<b>\$ 9.00</b>
<b>Dinner (Supper):</b>	<b>\$20.00</b>
<b>Total:</b>	<b>\$35.00</b>

**Note: Persons who are entitled to three meals per day may use the entire daily reimbursement (\$35) for one, two, or three meals. Receipts must be presented for reimbursement purposes.**

- **Miscellaneous – other miscellaneous expenses must be itemized for reimbursement (taxi fare, tips, parking fees, tolls, etc.)**
- **An expense voucher will be completed for all reimbursable expenditures. The expense voucher will be considered the official form of the district. This document must contain any documentation (receipts, invoices, etc.) which are necessary to verify the expenditures claims.**