

**ALLEGHANY COUNTY PUBLIC SCHOOLS
ITEMIZED TRAVEL AND/OR EXPENSE STATEMENT**

Employee's Name and Address		Employee's Work Location	
		Purpose of Expense	
Expense Summary			
Date	Expense Type	Cost	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		Total	\$
Mileage Summary			
Date	Travel Location (To and From)	Miles	Cost
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total	\$
Grand Total This Expense Statement		\$	
Less Travel Advance		\$	
Amount Due Employee		\$	
Certificate of Employee			
I request reimbursement for these stated expenses and certify they were incurred on official business for Alleghany County Public Schools and that they are legitimate and accurate.			
_____		_____	
Signature		Date	
Approvals			
_____		_____	
Principal/Supervisor Approval		Date	
_____		_____	
Superintendent/Director Approval		Date	