

Doddridge County TRAVEL EXPENSE ACCOUNT

In County

Out of County (Trip Approved on ___/___/___)

Name _____

Date _____

Address _____

Doddridge County Board of Education
1117 WV Route North
West Union, West Virginia 26456

Instructions: Please complete all sections of the form, *incomplete forms will be returned*. Please clearly state the purpose of the trip. Attach receipts (lodging, parking, registration, etc.) to the back of this form. **Please use a separate form for each out of county trip.**

Date	From	City/State	To	Miles Traveled	Amount \$.58 per mile	Cost of Lodging	Meal Cost Not to exceed \$50	Other Expenses	Total
					\$0.00				\$0.00
Purpose: _____									
					\$0.00				\$0.00
Purpose: _____									
					\$0.00				\$0.00
Purpose: _____									
					\$0.00				\$0.00
Purpose: _____									
					\$0.00				\$0.00
Purpose: _____									
					\$0.00				\$0.00
Purpose: _____									
								TOTAL	\$0.00

State of West Virginia, County of Doddridge, To-Wit: I solemnly swear that the within account amounting to \$_____ is true and correct to the best of my knowledge and belief, and that the services were rendered and supplies furnished as stated.

SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____

For office use only:

Account # _____

Vendor # _____