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Out-of-County Travel Expense Reimbursement Form

CABELL COUNTY BOARD OF EDUCATION

STEP 1 BASIC INFORMATION

Name _____	Employee ID: _____
TSSI Authorization Code: _____	Position: _____
Location: _____	d } Ç [• š _____
Purpose: _____	Location of Activity: _____
Home Address: _____	
City/State/Zip _____	
Conf. Began: _____ : _____	Conf. Ended: _____ : _____
Date Time	Date Time
Travel Began: _____ : _____	Travel Ended: _____ : _____
Date Time	Date Time

STEP 2 LIST EXPENSES THAT YOU HAVE INCURRED

		MON	TUES	WED	THU
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