



**TRAVEL REIMBURSEMENT FORM**

Mingo County Board of Education  
 110 Cinderella Road, Williamson, WV 25661  
 Phone: (304) 235-3333 F (304) 235-5070

**Submit within 40 days  
of travel**

**IN-COUNTY**

Today's Date \_\_\_\_\_

I CERTIFY I have a valid Drivers License. YES NO School \_\_\_\_\_

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_  
 City and State

Did you ride in a car pool? YES NO If yes, who drove?

| Date | Destinations  | Reason for Travel | Mileage | Mileage | TOTAL |
|------|---------------|-------------------|---------|---------|-------|
|      | From: _____   |                   |         |         |       |
|      | To: _____     |                   |         |         |       |
|      | From: _____   |                   |         |         |       |
|      | To: _____     |                   |         |         |       |
|      | From: _____   |                   |         |         |       |
|      | To: _____     |                   |         |         |       |
|      | From: _____   |                   |         |         |       |
|      | To: _____     |                   |         |         |       |
|      | From: _____   |                   |         |         |       |
|      | To: _____     |                   |         |         |       |
|      | From: _____   |                   |         |         |       |
|      | To: _____     |                   |         |         |       |
|      | From: _____   |                   |         |         |       |
|      | To: _____     |                   |         |         |       |
|      | From: _____   |                   |         |         |       |
|      | To: _____     |                   |         |         |       |
|      | From: _____   |                   |         |         |       |
|      | To: _____     |                   |         |         |       |
|      | From: _____   |                   |         |         |       |
|      | To: _____     |                   |         |         |       |
|      | From: _____   |                   |         |         |       |
|      | To: _____     |                   |         |         |       |
|      | <b>Totals</b> |                   |         |         |       |

**X** \_\_\_\_\_  
 signature of person requesting reimbursement

\_\_\_\_\_  
 Immediate Supervisor

Mileage to most in-county sites from individual county school locations are provided in a table that is available at all school offices and on the county website. Any errors in calculation may be corrected at the time of processing

\_\_\_\_\_  
 BOE Approval

**We will not accept faxed or emailed forms. Only the ORIGINAL will be processed for reimbursement.**