RICHMOND COUNTY SCHOOL SYSTEM LOCAL TRAVEL REIMBURSEMENT FORM

	** Submit MONTHLY via ESM (Local Travel Reimburs	sement)** Over 90 days WILL NOT be reimburse	ed. **
NAME		EID:	
SCHOOL/DEPARTMENT:		POSITION:	
LOCAL TRAVE	L FOR PERIOD ENDING:		
TRAVEL ACCOUNT NUMBER(S)		\$	
DATE	PLACE, SCHOOL OR PERSON VISITED	PURPOSE OF TRAVEL	MILES TRAVELED
INSTRUCTION	 S: Local Travel includes any one way travel		
occurring within 25 miles of the employees normal work		TOTAL MILES TRAVELED	
location to conduct RCSS business outside of the normal assigned duties for the position. If over 25 miles one way,		AMOUNT TO BE REIMBURSED	
please use the Pre-Approval Travel Request Form T-1.		Select Reimbursement Rate:	
Include only o	ne month's activity per form and submission.		
		Motorcycle:	
	affirm that the above statement is correct, the and that going from home to my normal place	•	
Employee Signature		Date	
Approved by:		Date	

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