FORM 130-41

Name _____

Loc # _____ **Vendor #** _____

THE SCHOOL DISTRICT OF GREENVILLE COUNTY
Reimbursement Request for Travel Expenses

					REQUIRES RECEIPT				
Date	**From**	**To**	**Purpose**	**Meals**	**Lodging**	**Air Fare**	**Registration**	**Other**	**PersonalAuto # of Miles**

Please deliver check to: _____ **(X rate)**

_____ **SUBTOTAL**

_____

TOTAL – ALL COLUMNS *

ACCOUNT DISTRIBUTION

	Account#/Location#	Amount
In-County		
Out-of-County		
	TOTAL CHARGES	
* = Must Agree	**Less: Advance**	( )
	AMOUNT DUE (OWED)	

Signature _____

Date _____

Approved _____

Title _____