

# Pendleton County Board of Education

PLEASE SUBMIT  
MONTHLY ONLY

EXPENSE ACCOUNT  
IN/OUT-OF-COUNTY

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

Address \_\_\_\_\_

Mode of Transportation: Personal Auto \_\_\_\_\_ County Vehicle \_\_\_\_\_ Other \_\_\_\_\_

Attendance Request Form Completed for Out of County Travel? Yes \_\_\_\_\_ No \_\_\_\_\_

| Date | From | To    | Purpose Of Travel | Mileage | Amount | Hotel | Meals | Other Ex P. | Total |
|------|------|-------|-------------------|---------|--------|-------|-------|-------------|-------|
|      |      |       |                   |         |        |       |       |             |       |
|      |      |       |                   |         |        |       |       |             |       |
|      |      |       |                   |         |        |       |       |             |       |
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|      |      |       |                   |         |        |       |       |             |       |
|      |      |       |                   |         |        |       |       |             |       |
|      |      |       |                   |         |        |       |       |             |       |
|      |      |       |                   |         |        |       |       |             |       |
|      |      |       |                   |         |        |       |       |             |       |
|      |      |       |                   |         |        |       |       |             |       |
|      |      |       |                   |         |        |       |       |             |       |
|      |      |       |                   |         |        |       |       |             |       |
|      |      | TOTAL |                   |         |        |       |       |             |       |

STATE OF WEST VIRGINIA, COUNTY OF PENDLETON, to wit: I, the undersigned, do solemnly swear that the above expense account is just accurate and true, and is claimed for cash expended for the purpose named in this statement.

\_\_\_\_\_  
Employee Signature

Approved by:  
\_\_\_\_\_  
Superintendent or Supervisor

\_\_\_\_\_  
Date

*Please attach:  
Hotel Receipts  
Registration Fees  
Misc. Receipts*

*Note; Meal Maximum is \$25.00 per day  
Meals cannot include alcoholic beverages.  
Lodging Maximum is \$90. 00 per day.*