

Independent School District 709
Reimbursement Claim for Actual Travel Expenses

Date: _____

See Policy 412, Regulation 412R prior to submitting request.
Travel claims must be submitted within 60 calendar days of first day of travel.

Claimant's Name: _____ Site: _____ Employee ID: _____

Home Address: _____ City, State & Zip: _____

Conference/Seminar: _____ Location of Conference (city, state): _____

Dates - From: _____ Departure Time: _____ To: _____ Return Time: _____

REIMBURSEMENT REQUESTED AS FOLLOWS:

KEY BUDGET CODE

▶ _____

Did you attach?

- Approved Professional Leave
- Original Receipts
- Proof of Insurance
- Agenda or Brochure

Airfare

366 (In & Out of State) 368 (Out of State-Federal ONLY) Amount: \$ _____

Transportation

366 (In & Out of State) 368 (Out of State-Federal ONLY)
 Personal Car - Mileage: _____ miles @ _____¢ (current rate) Rental Car Taxi Shuttle Amount: \$ _____

Conference Fee or Tuition

366 (In & Out of State) 368 (Out of State-Federal ONLY) Prepaid by ISD709 Not Prepaid Amount: \$ _____

Lodging and Meals

366 (In & Out of State) 368 (Out of State-Federal ONLY) Prepaid by ISD709 Not Prepaid

Lodging from (date): _____ to _____ Lodging Total: \$ _____ (attach receipt)

Dates	Breakfast	Lunch	Supper	Total Per Day
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Meal Totals:	\$ _____	\$ _____	\$ _____	\$ _____

Meal Per diem:

Max \$47/day: Breakfast - \$10
Lunch - \$14
Dinner - \$23

Lodging & Meals Amount: \$ _____

Other Expenses

Specify: _____ _____ _____ Amount: \$ _____

Totals

SubTotal of Reimbursement: \$ _____

Less Prepaid Total: \$ _____

Grand Total of Reimbursement: \$ _____

AUTHORIZATIONS

INSTRUCTIONS: If actual expenses fall within 10% of the pre-approved estimated costs, no additional approval is required. The form should be sent to Accounts Payable for processing. If actual expenses exceed the pre-approved estimated costs by more than 10%, the claimant must obtain additional approval from the Program Manager / Supervisor before submitting to Accounts Payable.

Claimant

Date

Program Manager / Supervisor (If over 10%)

Date