

Travel & Expenses Reimbursement Form

Please fill out completely and attach agenda for workshop/seminar/conference/etc.

NAME _____ SCHOOL _____

Mailing Address _____

Date(s) of Trip _____ Destination _____

Purpose/Value to School District _____

How will the information from the conference/workshop be shared with other staff?

Mode of Travel: District Vehicle _____ Personal Automobile _____ Airplane _____ Other _____

Please attach all receipts for the following:

_____ Miles @ 45.5¢/mile (effective 1/1/09) = \$ _____

_____ Days for Meals @ \$30.00/Day = \$ _____

*(\$30.00 includes a full day with 3 meals. Not to exceed \$30.00 - \$7/Breakfast; \$10/Lunch; \$13/Dinner.)
Reimbursement for less than a day will be paid from receipts.*

_____ Other \$ _____

TOTAL DOLLAR REIMBURSEMENT REQUEST: \$ _____

Registration Fees & Motel Reservations MUST be processed on a purchase order.

Employee's Signature

Date

CHARGE TO BUDGET CODE # _____

To be completed by Principal/Supervisor

Request Approved? Yes _____
No _____

Signature of Principal/Supervisor

Superintendent's/Clerk's Signature

Date

Request Approved? YES _____ NO _____