



Travel Expenses and Reimbursement

Traveler to complete this form upon return from trip and submit to accounts payable **within 10 days of travel.**

Today's Date: _____ Employee ID: _____ Campus: _____

Name: _____ Title: _____

Reason for Travel: _____ Destination: _____

Departure Date: _____ Return Date: _____

- If using grant funds, you must select one of the following grant objectives per the DIP/CIP. Travel is necessary for this reason:
- Students will read on level/higher by the beginning of 3rd gr. and will remain on level/higher as an MISD student. (V2020-1)
 - Students will demonstrate mastery of Algebra I by the end of 9th gr. (V2020-2)
 - Address a goal from a PDSA chart in the District Improvement Plan (copy goal here): _____
 - Address a goal from a PDSA chart in the Campus Improvement Plan or a need in the Comprehensive Needs Assessment (copy goal here): _____

Required documentation must be attached to the requisition for reimbursement (see list below). Do not include costs of items previously advanced or reimbursed.

***LODGING:** The rate is \$94 plus city/local taxes per night, per employee. This amount may be increased up to the amount published in the current GSA with supervisor approval and attachment of the GSA rate from www.gsa.gov/portal/category/100120. The employee is responsible for any cost greater than \$94 or the GSA rate. A rate over GSA requires Executive Council approval.

****FOOD:** NO RECEIPTS REQUIRED for food: \$41 first and last day; \$50 for other days; if meals are provided deduct \$13 Breakfast, \$14 Lunch, \$23 Dinner. Meals are reimbursable only for overnight or student sponsor travel.

FEDERAL: DO NOT USE FLAT RATES OR PER DIEMS. ENTER ONLY ACTUAL MEAL EXPENSES WITHOUT TIPS up to \$13 Breakfast, \$14 Lunch, \$23 Dinner.

Date (1 row per day)	Mileage (\$.575/mile)	Lodging* (\$94/GSA rate + tax)	Food** (see above)	Parking Receipts Required	Other Receipts Required	Amount Paid w/MISD Cr. Card	Amount for Reimbursement
Total payments made with MISD credit card:							
Total reimbursement due:							

Indicate any additional employees staying in room: _____

Employee Signature: _____

BY SIGNING I CERTIFY THAT ALL EXPENSES ARE ACTUAL AND ACCURATE (AND COMPLIES WITH GRANT REGULATIONS IF APPLICABLE)

Supervisor Signature: _____

Executive Council Signature (if Lodging is over GSA Rate): _____

PO # _____

PO # MUST BE INCLUDED BEFORE SUBMITTING REIMBURSEMENT PAPERWORK TO A/P

ATTACHMENTS FOR REIMBURSEMENT

- Conference Agenda (required)
- Directions (MapQuest or Google)
- Hotel Invoice/Receipt (required if overnight stay; GSA Published Rate for Hotel if > \$94)
- Receipts

Budget Code	Amount

Business Office Approval: _____