

Rogersville City School

Travel Expense Reimbursement Form

Name _____ Date(s) of Travel _____

Destination _____

Funding Source: Title I Title IIA IDEA GP PreK PreK SpEd CSH Other (to be circled by program supervisor)

Purpose of Travel _____

Type of Transportation _____ (personal car, airplane, etc.) Parking _____ (attach receipt)

Total Mileage _____ (please submit MapQuest documentation)

Mileage reimbursement due you at \$.57.5 per mile _____

Per diem rate (meal allowance) is paid when overnight stay is required. First and last days are reimbursed at 75% of the State of Tennessee government rate. All other days are paid in accordance with state reimbursement rates as follows:

Brentwood/Franklin	\$61.00	\$45.75 (75%)
Chattanooga	\$61.00	\$45.75 (75%)
Knoxville	\$56.00	\$42.00 (75%)
Memphis	\$61.00	\$45.75 (75%)
Nashville	\$61.00	\$45.75 (75%)
All other cities	\$55.00	\$41.25 (75%)

Per diem total _____

I certify that the above expenses were incurred by me while traveling on official business for Rogersville City School, and I am not being reimbursed for this travel from any other source.

Date: _____ Employee Signature: _____

Date Approved: _____ Supervisor: _____

Date Approved: _____ Director of Schools: _____

Finance Department Approval:

Vendor # _____ Hotel: _____

Account # _____ Meals: _____

Mileage: _____

Approved: _____ Parking: _____

Date: _____ Other: _____