FRANKLIN SPECIAL SCHOOL DISTRICT

TRAVEL EXPENSE REIMBURSEMENT CLAIM FORM

CLAIMANT'S PRINTED NAME: BUDGET CODE: SCHOOL/DEPT:

DATE	PLACE AND PURPOSE OF TRAVEL {ATTACH DOCUMENTATION THAT SUBSTANTIATES PLACES, DATES AND PURPOSE(S) OF TRAVEL}	*TIME OUT AM/PM	*TIME IN AM/PM	MEAL PER DIEM (IF APPLICABLE) BREAKFAST	LUNCH	DINNER	LODGING	TRANSPORTATION AIRLINE OR OTHER	MILES	OTHER EXPENSES (PLEASE ITEMIZE)	OTHER EXPENSES ($ AMT.)
	TOTALS			$	$	$	$	$	_____	MILES AT $.585 = $	$

*TIME OUT AND TIME IN MUST BE COMPLETED WHEN MEAL PER DIEM IS CLAIMED.

GRAND TOTAL $

MEAL REIMBURSEMENT RATES: **

	IN-STATE	OUT-OF-STATE
BREAKFAST	$13.00	Please reference
LUNCH	$15.00	the site below
DINNER	$26.00	(Search State & City)

OUT-OF-STATE MEAL REIMBURSEMENT RATE:

https://www.gsa.gov/travel/plan-book/per-diem-rates

Attach the Out-of-State Per Diem Rate to your expense report for verification purposes.
If a city is not listed, then the standard rate for the state will prevail.
** Receipts not required

NOTE THAT RECEIPTS ARE REQUIRED FOR LODGING, AIRFARE, GROUND TRANSPORTATION OR COMMON CARRIERS, REGISTRATION FEES, BUSINESS RELATED MATERIALS, PARKING, TOLL CHARGES, ETC. ALSO, SALES TAX WILL NOT BE REIMBURSED.

BY SIGNING THIS DOCUMENT, I AGREE THAT I HAVE PERFORMED THE TRAVEL INDICATED, AND IT WAS ACTUALLY INCURRED IN THE PERFORMANCE OF OFFICIAL DUTIES IN COMPLIANCE WITH CURRENT SCHOOL BOARD POLICY "2.804".

CLAIMANT'S SIGNATURE DATE

SUPERVISOR'S SIGNATURE DATE

DIRECTOR OF SCHOOLS OR DESIGNEE DATE

ADVANCEMENT REQUESTED ON PROJECTED TRAVEL EXPENSES (IF APPLICABLE)	$
TOTAL EXPENSES	$
AMOUNT OWED FSSD	$
TOTAL AMOUNT OWED CLAIMANT	$

Revised 4/1/22