



**BOARD OF EDUCATION  
TRAVEL REIMBURSEMENT FORM**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/STATE/ZIP:** \_\_\_\_\_

**DATE:** \_\_\_\_\_  
**INVOICE #** \_\_\_\_\_  
**REQUISITION #** \_\_\_\_\_  
**PO #** \_\_\_\_\_

**PLEASE ATTACH REQUIRED DOCUMENTATION OR OTHER PERTINENT INFORMATION  
NECESSARY TO EXPEDITE PAYMENT**

EXPENSES	DATES	MON	TUES	WED	THUR	FRI	SAT/SUN	TOTAL EXPENSES
<b>Transportation</b>								
Air/Rail/Bus								
Local (Taxi,Limo,Bus)								
Personal Car _____ per mile								
School District Vehicle (Gas,Oil, Etc.)								
Tolls								
Parking Fees								
Other: _____								
<b>Subsistence</b>								
Room (Hotel, Motel, Etc.)								
Meals (Include Tips) Breakfast <b>\$12.00</b>								
as of April 2014 Lunch <b>\$15.00</b>								
Dinner <b>\$33.00</b>								
<b>Registration Fees</b>								
Other: _____								
<b>TOTALS</b>								
<b>Auto Miles Traveled by Date:</b>								
Personal Vehicle								
District Vehicle								
<b>TOTAL</b>								<b>\$ -</b>

**NOTE: Attach Receipts, Sign & Send**

- GRANTS:** Marie Underwood  
Gov't.Center - 5th flr.
- OPERATING:** City Accounts Payable  
Gov't. Center - 10th flr.
- SP-ED:** Wayne Holland's Office  
Gov't. Center - 5th flr.
- GE GRANT:** Karen Wilson  
Gov't.Center - 5th flr.

**CERTIFICATION:** This is to certify that all reimbursements claimed are true and just and no expenses have been prepaid by the school district.

\_\_\_\_\_  
Approved for Payment/Date

\_\_\_\_\_  
Finance Approval

\_\_\_\_\_  
Signature/Staff Member

\_\_\_\_\_  
Principal/Administrator

\_\_\_\_\_  
Director of Grants

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Date