

TRAVEL REIMBURSEMENT
(use separate form for each traveler)

Name _____ Campus _____

Traveled From: _____ Traveled To: _____

Purpose of Trip: _____

Dates of Travel:

Departure Date: _____

Departure Time: _____

Return Date: _____

Return Time: _____

Registration Cost: (include copy of the registration form for the event) \$ _____

***If the conference registration was paid out of state/local funds, then you are also required to pay the costs associated with attending the conference out of state/local funds.**

Mileage (Personal Vehicle) _____ Miles @ _____ cents

*based on Google map

OR

Gasoline Charges (District Vehicle) _____ \$ _____

Lodging (receipt required) _____ Total Days @ _____ Daily Allowed Rate \$ _____

Show city occupancy tax in "other expenses."

State taxes will not be reimbursed. (must use tax exempt form)

Go to <https://www.gsa.gov> to locate rates for in & out-of-state lodging.

Meals: (attach Meal Reimbursement Form) _____ Total Days \$ _____

Reimbursements will be based on actual meal costs. (No Tips Allowed)

Other Expenses: (examples include items such as registration, car rental, taxi, shuttle, incidental expenses, etc.)

Receipts are required.

Registration forms required from conferences or workshops.

NO TIPS ALLOWED.

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

(Include all out of state taxes)

\$

I certify that the travel listed was made in connection with official school business and the amounts are correct and previously unclaimed.

Claimant Signature Date

Supervisor Signature Date

*Reimbursement will be made to the Local Education Agency (LEA)

MEAL REIMBURSEMENT

[meals are reimbursed for overnight travel only]

The maximum rate per day for meals is \$30.

Name _____ Campus _____

Traveled From: _____ Traveled To: _____

Purpose of Trip: _____

Dates of Travel:

Departure Date: _____

Departure Time: _____

Return Date: _____

Return Time: _____

Rules for Partial Day Meal Reimbursement		
	Depart	Return
Breakfast	Before 7:00 AM	After 10:00 AM
Lunch	Before 11:00 AM	After 2:00 PM
Dinner	Before 5:00 PM	After 8:00 PM

Day 1: _____

Date

***Actual Expenses:**

Breakfast _____

Lunch _____

Dinner _____

Total _____

Day 2: _____

Date

***Actual Expenses:**

Breakfast _____

Lunch _____

Dinner _____

Total _____

Day 3: _____

Date

***Actual Expenses:**

Breakfast _____

Lunch _____

Dinner _____

Total _____

Day 4: _____

Date

***Actual Expenses:**

Breakfast _____

Lunch _____

Dinner _____

Total _____

Day 5: _____

Date

***Actual Expenses:**

Breakfast _____

Lunch _____

Dinner _____

Total _____

Grand Total _____

I certify that the travel listed was made in connection with official school business and the amounts are correct and previously unclaimed.

Claimant Signature

Date

Supervisor Signature

Date