

**CHOCTAW-NICOMA PARK PUBLIC SCHOOLS  
TRAVEL REIMBURSEMENT REQUEST FORM**

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 School: \_\_\_\_\_ Reimbursement P.O. #: \_\_\_\_\_

**EVENT OR CONFERENCE NAME:** \_\_\_\_\_  
**P.O. # FOR CONF. REGISTRATION:** \_\_\_\_\_ *An event or conference agenda may be required for documentation.*  
**EVENT OR CONFERENCE LOCATION:** \_\_\_\_\_  
**EVENT OR CONFERENCE DATES:** Begin \_\_\_\_\_ End \_\_\_\_\_  
**HOW DID YOU GET TO THE EVENT OR CONFERENCE?**  
 Fly  
 Please check the appropriate box  School Vehicle  
 Personal Vehicle (Please complete the mileage log section)

**PER DIEM:** *Per Diem rates vary by location. Per diem is paid only for trips with at least one overnight stay and is prorated for the first and last travel day. Per diem rates may be found here: <https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup>*  
*Per Diem is figured based on the time you enter and depart travel status. Meals provided by the event or conference are deducted per Board Policy rates. Continental breakfasts or receptions provided by hotel, event or conference are not counted as a meal provided.*  
**Date & time entered travel status:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M.  
**Date & time departed travel status:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M.  
**Number of meals provided by conference:** \_\_\_\_\_ *(Do not include continental breakfast.)*  
**Date and time of the first and last scheduled event or conference activity:** First: Date \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M.  
 Last: Date \_\_\_\_\_ Time: \_\_\_\_\_ A.M. P.M.

**HOTEL** *The original copy of the hotel bill showing \$0 balance due for the room and tax only must be attached even if the hotel is direct billing Choctaw-Nicomoma Park Schools. All incidental expenses, (i.e. movies, room service, personal telephone calls, etc.) must be paid by the employee at check out and should not be included on the hotel bill.*

**Was hotel direct billed to Choctaw-Nicomoma Park Schools?** Yes No P.O. # for Lodging: \_\_\_\_\_  
**Is hotel a designated conference lodging site?** Yes No N/A  
*If hotel is not designated as conference lodging, then the lower of the actual lodging rate or the lodging per diem rate listed on [www.policyworks.gov/perdiem](http://www.policyworks.gov/perdiem) will be paid. Some exceptions may apply and must be approved by the Superintendent (or designee).*

**MISCELLANEOUS EXPENSES**  
 Shuttle \$ \_\_\_\_\_  
 Parking \$ \_\_\_\_\_  
 Tolls \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_ Description: \_\_\_\_\_  
*All non-meal receipts you wish to have considered for reimbursement must be attached to the back of this form. Tips are considered a per diem expense and cannot be claimed here.*

**MILEAGE LOG** *Mileage will be reimbursed at the I.R.S. maximum allowable rate. [Current I.R.S. Mileage Rate](#)*  
 Vehicle License Tag # \_\_\_\_\_

Travel Information		Odometer Readings			Departure	Arrival	Purpose
From	To	Beginning	Ending	Miles	Date/Time	Date/Time	

*I hereby certify to the best of my knowledge and belief, that the above travel reimbursement document is correct. I understand that purposely falsifying a travel reimbursement document may result disciplinary action and possible prosecution under State law.*

\_\_\_\_\_  
 Employee Signature Administrator/Principal Signature Superintendent/Designee Signature

**PLEASE STAPLE ALL RECEIPTS, ALONG WITH COPY OF CONFERENCE BROCHURE AND AGENDA TO THE BACK OF THIS FORM AND SUBMIT TO THE BUSINESS OFFICE - ACCOUNTS PAYABLE FOR PAYMENT. IF YOU HAVE QUESTIONS REGARDING THE COMPLETION OF THIS FORM, PLEASE CALL (405) 769-1282.**