

**PLEASE PREPARE AND SUBMIT IN DUPLICATE**

**FERNDALE SCHOOL DISTRICT NO. 502**  
**REQUEST FOR ADVANCE OF TRAVEL EXPENSES**

Name \_\_\_\_\_ Date \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Meeting \_\_\_\_\_ Place \_\_\_\_\_

Submit REQUEST FOR PRIOR APPROVAL AND CLAIM FORM with this form. It will be returned to you with your advance payment.

**STATEMENT**

I request that I receive an advance payment for travel expenses for the above trip in the following amount.

I agree to submit a final CLAIM FORM for this travel with FIFTEEN (15) DAYS after the end of the travel and will reimburse the Ferndale School District No. 502 any overpayment at that time.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**TRAVEL EXPENSE ESTIMATE**

Lodging: \_\_\_\_\_ \$ \_\_\_\_\_

Travel by: \_\_\_\_\_ \$ \_\_\_\_\_  
(or) Car \_\_\_\_\_ Miles @ IRS rate per mile. \$ \_\_\_\_\_

Meals: Dates \_\_\_\_\_ \$ \_\_\_\_\_  
Day \_\_\_\_\_ \$ \_\_\_\_\_  
or \_\_\_\_\_ \$ \_\_\_\_\_  
Week \_\_\_\_\_ \$ \_\_\_\_\_

Meals Total \$ \_\_\_\_\_  
Registration \$ \_\_\_\_\_

Other Expense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ADVANCE REQUESTED** \$ \_\_\_\_\_

Approved: \_\_\_\_\_ Asst. Supt. of Business/Operations

Advance by Check No. \_\_\_\_\_ Date \_\_\_\_\_

**ACTUAL EXPENSE CLAIM FORM** \$ \_\_\_\_\_

Receipt No. Over/(Under) Payment \$ \_\_\_\_\_