

Sample - Complete when return

Individual Travel Reimbursement Request Form

To be completed by the Individual within 30 days after Travel is Complete

Date: 8-11-18
Name: Janie Doe Vendor #: 99991
School/Department: Sample Office

Beginning Travel: Date: 8-10-18 Actual Time: 7:15 Am
Ending Travel: Date: 8-10-18 Actual Time: 5:10 pm

Personal Vehicle - Allowed Mileage: 146 miles @ \$0.545 per mile \$ 79.57

Meals:	Dates of Travel:							
Breakfast								
Lunch								
Dinner								
Totals							\$	

Meal Per Diem:		Breakfast	Lunch	Dinner
See AP Manual Page 12	In State:	\$8.00	\$10.00	\$17.00
for Limitations	Out of State:	\$10.00	\$14.00	\$21.00

Miscellaneous Reimbursement Request (original receipts/documentation required):

Registration (include a copy of registration form with original receipt) \$
Lodging (itemized original hotel/lodging portfolio showing \$0 balance) \$
Taxi, Parking Fees, Tolls, Gas for Rental Car (Original receipts) \$
Miscellaneous not cover above and is a pre-authorized reimbursement \$
Specify: _____ \$
_____ \$

Account #: 100-000-332-0001-00 Total Reimbursement Due: \$79.57

I certify that the above is true and correct.

Employee Signature

Date

Reimbursement Approved:

Principal/Supervisor

Fund Manager

All original receipts/documentation required should be stapled to this form. If mileage and meals are the only reimbursement no additional documentation is required and only this sheet should be submitted.

multiple people to
same conference

Darlington County School District

8-15-18

Office of Instruction Example

SCSL Conference

Kangchung SC

		Dates Of Travel		PRE-PAID EXPENSES - Per Person			INDIVIDUAL'S ELIGIBLE REIMBURSEMENTS					Grand Total
List	Vendor						Personal Vehicle - \$0.545/mile Approx Miles Meals - AP Manual Pg 12 Misc-Specify					Grand Total Per Person
		Person/s Attending	Number	Beginning	Ending	Registration	Hotel	Airfare/Other Transp	# Miles/\$	Breakfast #/\$	Lunch #/\$	Dinner #/\$
Jare Doe	08014	9-1-18	9-3-18	\$100	85 ⁹⁰		192/104.64	2/16 ⁰⁰	2/20 ⁰⁰	1/17 ⁰⁰		343.54
Mattie Doren	91999	9-1-18	9-3-18	\$100	85 ⁹⁰		—	2/16 ⁰⁰	2/20 ⁰⁰	1/17 ⁰⁰		238.90
Dor Dor	51200	9-1-18	9-3-18	\$100	85 ⁹⁰		190/103.55	2/16 ⁰⁰	2/20 ⁰⁰	1/17 ⁰⁰		342.45
Alice Doe	86710	9-1-18	9-3-18	\$100	85 ⁹⁰		—	2/16 ⁰⁰	2/20 ⁰⁰	1/17 ⁰⁰		238.90
Rainey K	95112	9-1-18	9-3-18	\$50	85 ⁹⁰		192/104.64	2/16 ⁰⁰	2/20 ⁰⁰	1/17 ⁰⁰		293.54
</												

Funding Account/s	\$ Amount/Fund
1) 100-000-332-0000-00	\$ 450.00
2) 100-000-332-0022-00	\$ 1007.33
3)	
4)	

1457.33

Fane Doe

Abe King

: 1) Rob. Douc

Example - after conference each person gets copy (F/B) of this approved form and they complete back for reimbursement

Individual Travel Reimbursement Request Form

To be completed by the Individual within 30 days after Travel is Complete

Date: 9-5-18
Name: Jane Doe Vendor #: 08014
School/Department: Office of Instruction Example

Beginning Travel: Date: 9-1-18 Actual Time: 7:30 AM
Ending Travel: Date: 9-3-18 Actual Time: 3:30 pm

Personal Vehicle - Allowed Mileage: 192 miles @ \$0.545 per mile \$ 104.64

Meals:	Dates of Travel:							
	9/1/18	9/2/18	9/3/18					
Breakfast		8.00	8.00					
Lunch	10.00		10.00					
Dinner	17.00							
Totals	27.00	8.00	18.00					\$ 53.00

Meal Per Diem:	Breakfast	Lunch	Dinner
See AP Manual Page 12	\$8.00	\$10.00	\$17.00
for Limitations	Out of State: \$10.00	\$14.00	\$21.00

Miscellaneous Reimbursement Request (original receipts/documentation required):

Registration (include a copy of registration form with original receipt) \$
Lodging (itemized original hotel/lodging portfolio showing \$0 balance) \$
Taxi, Parking Fees, Tolls, Gas for Rental Car (Original receipts) \$
Miscellaneous not cover above and is a pre-authorized reimbursement \$
Specify: _____ \$
_____ \$

Account #: 100-000-332-0022-00

Total Reimbursement Due:

157.64

I certify that the above is true and correct.

Employee Signature

Date

Reimbursement Approved:

Principal/Supervisor

Fund Manager

All original receipts/documentation required should be stapled to this form. If mileage and meals are the only reimbursement no additional documentation is required and only this sheet should be submitted.

Example - One person, multiple trips for same meeting.

Darlington County School District
Out of District Travel - Pre-Authorization and Reconciliation Form

Date

8-10-18

School/Office

Office of Example

Reason for Travel

State Roundtable

Destination (City & State)

Columbia SC

List Person/s Attending	Vendor Number	Dates Of Travel		PRE-PAID EXPENSES - Per Person			INDIVIDUAL'S ELIGIBLE REIMBURSEMENTS					Grand Total
		Beginning	Ending	Registration	Hotel	Airfare/Other Transp	Personal Vehicle - \$0.545/mile Approx Miles # Miles/\$	Meals - AP Manual Pg 12 Breakfast #/\$	Lunch #/\$	Dinner #/\$	Misc-Specify	Grand Total Per Person \$\$\$
Jane Doe	71111	8-30-18	8-30-18				156 / \$85.02		10.00			95.02
Jane Doe	71111	12-15-18	12-15-18				156 / \$85.02		10.00			95.02
Jane Doe	71111	3-30-19	3-30-19				156 / \$85.02		10.00			95.02
Jane Doe	71111	6-1-19	6-1-19				156 / \$85.02		10.00			95.02
Sub Total:							340.08		10.00			380.08

Funding Account/s	\$ Amount/Fund
1) 100-999-332-1000-99	380.08
2)	
3)	
4)	

Grand Total of this Travel Request: 380.08

Signature/Date:

Jane Doe

Principal/Supervisor Signature/Date:

John Doe

Fund Manager Signature/s /Date: 1)

2)

7/1/2018

When travel is complete all persons approved to be reimbursed should receive a copy of both front and back of this form. They will complete the Individual Travel Reimbursement Request on the back of this form and return to Fund Manager/Principal/Supervisor for review and approval.
All reimbursements are required to be turned in to the Office of Finance within 30 days after travel has been completed.

Example - after each trip copy ^(F/B) and complete back of form for reimbursement.

Individual Travel Reimbursement Request Form

To be completed by the Individual within 30 days after Travel is Complete

Date: 9-2-18
Name: Jane Doe Vendor #: 71111
School/Department: Office of Example
Beginning Travel: Date: 8-30-18 Actual Time: 8:00 Am
Ending Travel: Date: 8-30-18 Actual Time: 5:15 pm

Personal Vehicle - Allowed Mileage: 151 miles @ \$0.545 per mile \$ 82.30

Meals:	Dates of Travel:							
	<u>8-30-18</u>							
Breakfast								
Lunch	<u>10.00</u>							
Dinner								
Totals								\$ <u>10.00</u>

Meal Per Diem:		Breakfast	Lunch	Dinner
See AP Manual Page 12	In State:	\$8.00	\$10.00	\$17.00
for Limitations	Out of State:	\$10.00	\$14.00	\$21.00

Miscellaneous Reimbursement Request (original receipts/documentation required):

Registration (include a copy of registration form with original receipt) \$
Lodging (itemized original hotel/lodging portfolio showing \$0 balance) \$
Taxi, Parking Fees, Tolls, Gas for Rental Car (Original receipts) \$
Miscellaneous not cover above and is a pre-authorized reimbursement \$
Specify: _____ \$
_____ \$

Account #: 100 - 999 - 332 - 0000 - 99 Total Reimbursement Due: 92.30

I certify that the above is true and correct.

Jane Doe
Employee Signature Date

Reimbursement Approved: Principal/Supervisor John Doe
Fund Manager

All original receipts/documentation required should be stapled to this form. If mileage and meals are the only reimbursement no additional documentation is required and only this sheet should be submitted.