REIMBURSABLE EXPENSE REQUEST FORM

I. Authorization for Travel/Miscellaneous Reimbursement

Person Traveling: _____ Position and Site: _____

Name & Location of Conference: _____

Purpose of Travel: _____

Date(s) of Travel: _____ Budget or school activity account paying for these expenses: _____

Date & Time Leaving District: _____ Date & Time of Return: _____

A. Estimated Travel Expenses	B. Travel Reimbursement Claimed	C. Financial Services Use Only
Registration:** _____	Registration:** _____	Registration:** _____
Per Diem (Meals): _____	Per Diem (Meals): _____	Per Diem (Meals): _____
Mileage:* _____	Mileage:* _____	Mileage:* _____
Lodging:** _____	Lodging:** _____	Lodging:** _____
Airfare:** _____	Airfare:** _____	Airfare:** _____
Car Rental:** _____	Car Rental:** _____	Car Rental:** _____
Other Incidental Costs:** _____	Other Incidental Costs:** _____	Other Incidental Costs:** _____
Total Estimated Costs: _____	**Total Estimated Costs:** _____	**Total Estimated Costs:** _____

***Requires completion of Personal Automobile Mileage Form** ****Requires receipts documenting expenses claimed**

D. Authorization to Travel: _____ Date: _____
(Administrative Supervisor)

E. I am requesting a total reimbursement of $ _____ in accordance with Moore Public Schools Board of Education Policy #2120. Signature of Claimant: _____ Date: _____

F. Approval of Reimbursement Claim Amount: _____ Date: _____
(Administrator of Budget)

G. Approval of Payment: _____ Date: _____
(Chief Financial Officer)

II. Authorization for In-District Mileage

_____is hereby authorized to claim mileage for travel necessitated by the requirements of the job assignment. Travel will be _____

Mileage not to exceed _____miles per _____ is approved.

Approved: _____ Date: _____
(Administrative Supervisor)

Approved: _____ Date: _____
(Chief Financial Officer)