

# Hoover City Schools Travel Expenses Form

Date Submitted: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Reimbursement check should be sent to \_\_\_\_\_  
(Home Address/School): \_\_\_\_\_

Requesting reimbursement for the following expenses incurred while attending (Name of Conference, Date & Location): \_\_\_\_\_

\_\_\_\_\_

- Travel (Air travel or Mileage @ .67/mile-attach Map Quest): \_\_\_\_\_ \$ \_\_\_\_\_
- Hotel (attach receipt): \_\_\_\_\_ \$ \_\_\_\_\_
- Meals:  
    (\$15/day for day travel)  
    (\$75/day overnight in-state travel)  
    (\$85/day overnight out-of-state travel): \_\_\_\_\_ \$ \_\_\_\_\_
- Registration Cost (attach copy): \_\_\_\_\_ \$ \_\_\_\_\_
- Miscellaneous (gratuities, parking, etc. –attach receipt): \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

LESS PREPAID EXPENSES: \$ \_\_\_\_\_

TOTAL REIMBURSEMENT DUE: \$ \_\_\_\_\_

General Ledger Account#: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Approved by: \_\_\_\_\_

**PLEASE ATTACH APPROVED PROFESSIONAL LEAVE FORM**