

Barnwell County

SCHOOL DISTRICT

TRAVEL REQUEST

Name		Date
School/Department	Travel Destination	
Approximate Cost	Dates of Conference/Travel	
Purpose of Travel		
Account Number		
Signature	Date	
Authorized by	Principal/Supervisor	Date
Approved	Not Approved	Date
		Date
Superintendent		

NOTE: THIS FORM MUST BE APPROVED BY THE SUPERINTENDENT OR DESIGNEE BEFORE TRAVELING ON SCHOOL DISTRICT BUSINESS.

REQUESTS FOR REIMBURSEMENT WILL NOT BE HONORED UNLESS ACCOMPANIED BY THIS FORM.

BARNWELL COUNTY SCHOOL DISTRICT INSTRUCTIONS FOR TRAVEL REIMBURSEMENT FORM

1. **NAME:** This should be the name of the person the check should be made payable to. Please print or type.
2. **VENDOR NUMBER:** This should be the vendor number of the person the check should be made payable to.
3. **DATE:** This is the date the form is being completed.
4. **SCHOOL/LOCATION:** This is the location within the District where the employee works.
5. **TRAVEL DESTINATION:** This is the city and state where the employee is traveling.
6. **DEPARTURE DATE & TIME:** This is the date and time that the employee left home/office in transit to the meeting.
7. **RETURN DATE & TIME:** This is the date and time that the employee returned to home/office.
8. **MILEAGE:** Actual mileage to and from the meeting location should be entered. Included Mapquest or printout of directions with the form.
9. **EXPENSES:** Enter all expenses on a daily basis. Detailed original receipts for all expenses (except mileage) must be attached as proof that the expense was paid by the employee.
10. **MEALS:** Meals may be reimbursed for actual expenses incurred up to the District's meal allowance. Allowance includes tips. Meals must be within the guidance of the chart below. When meals are provided with the conference registration, those meals will not be reimbursed.

MEALS	DEPART BEFORE	RETURN AFTER	IN- STATE	OUT- OF- STATE Myrtle Beach Charleston Hilton Head
Breakfast	6:30 AM	11:00 AM	\$8.00	\$10.00
Lunch	11:00 AM	1:30 PM	\$10.00	\$15.00
Supper	5:15 PM	8:30 PM	\$17.00	\$25.00
DAILY MAXIMUM ALLOWANCE			\$35.00	\$50.00

11. **TOTALS:** If total expenses are greater than expenses paid on the District/School credit card, the employee will receive a refund. If total expenses are less than the expenses paid on the District/School credit card and advances received, the employee should attach a check payable to Barnwell County School District.
12. **REQUEST FOR REIMBURSEMENT MUST BE MADE WITHIN 10 WORKING DAYS AFTER COMPLETION OF TRAVEL.**

