

UNION GROVE INDEPENDENT SCHOOL DISTRICT TRAVEL REIMBURSEMENT REPORT

Name: _____

Campus/Department: _____

Conference/Function: _____

Location: _____

Departure: _____
(date) (time)

Return: _____
(date) (time)

Account Number(s)

MUST ATTACH DOCUMENTATION FOR CONFERENCE/FUNCTION ATTENDED AND REQUESTING REIMBURSEMENT FOR TRAVEL.

ACTUAL EXPENDITURES

REGISTRATION: _____ Registration Paid _____

TRANSPORTATION

Mileage: _____ miles @ \$0.55/mile _____

• Electronic mapping source (such as that on <http://www.mapquest.com/> or any other online mapping service). The traveler must print out the driving directions provided by the site and attach them to the travel voucher.

Parking Lot Fees _____

Gasoline (if using school vehicle) _____

Total Transportation _____

Must attach itemized meal receipts clearly marked Breakfast/Lunch/Dinner on each receipt.

MEALS

(Must be overnight travel or accompanying students).

Date:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast (\$10)							
Lunch (\$12)							
Dinner (\$18)							

Total Meals _____

LODGING

Must attach hotel receipt

* See amounts at <https://www.gsa.gov/travel/plan-book/per-diem-rates> for hotel maximum rates

Name of Hotel/Motel	Dates	Amount

Total Lodging _____

Total Travel Expenses _____

Signature of Employee Date

TOTAL EXPENSES _____

Signature of Principal/Supervisor Date