

# Trigg County Board of Education Travel Reimbursement Form

**PLEASE COMPLETE IN BLUE OR BLACK INK**

ORG	_____
OBJECT	_____
PROJECT	_____

PLEASE FOLLOW TRAVEL POLICY WHEN REQUESTING REIMBURSEMENT  
IF TRAVEL REQUEST FORM HAS NOT BEEN SUBMITTED THROUGH MY LEARNING PLAN, THEN DO NOT SUBMIT THIS FORM.

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

**Please mark the funding source:**

___ General Fund	___ Title 1	___ IDEA B	___ SBDM
___ Preschool KERA	___ KETS - Tech.	___ FRC/YSC	___ PD
___ Career/Technical Ed.	___ G/T	___ Other (Specify): _____	

Meeting Attended: \_\_\_\_\_

**Mileage/Parking/Tolls:**

Departing From	Meeting Location	Round Trip Mileage	Current Mileage Rate (per mile)	Total Mileage Charge (RT Mileage x Rate)

Mileage Chart (one-way): Eddyville 24, Hopkinsville 20, Murray 37, Louisville 195, Lexington 245, KY Dam Village 37, Princeton 22, Paducah 60, Bowling Green 90 (GRREC Office 99); Frankfort 220, Madisonville 55, Owensboro 130, Nashville, TN 98

<b>Parking Charge (if any)</b>	
<b>Tolls (if any)</b>	

**Departure/Return Information:**

Departure Date: _____ Departure Time: _____	Return Date: _____ Return Time: _____
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**Meals are limited to \$50.00 per day, excluding gratuities. The maximum is prorated based upon departure/return times according to the chart below. Meals are only reimbursed for overnight trips and itemized receipts must be attached. Gratuities not to exceed 18% of total bill.**

Departure Time	Maximum Allowance	Return Time	Maximum Allowance
Prior to 6:30 a.m.	\$50 + Gratuity	Prior to 12:30 p.m.	\$12 + Gratuity
After 6:30 a.m., prior to 12:30 p.m.	\$38 + Gratuity	After 12:30 p.m., prior to 4:30 p.m.	\$27 + Gratuity
After 12:30 p.m., prior to 5:30 p.m.	\$23 + Gratuity	After 4:30 p.m.	\$50 + Gratuity
After 5:30 p.m.	0% = \$0		

**Meal Reimbursement (reference chart in preceding section)**

DATE of Travel	Meal Type	Meal Cost (including taxes)	Tip	Total
	Breakfast			
	Lunch			
	Dinner			
	Breakfast			
	Lunch			
	Dinner			
	Breakfast			
	Lunch			
	Dinner			
	Breakfast			
	Lunch			
	Dinner			

(If you have additional meals, please attach an additional page.)

**Lodging**

Name of Hotel	Amount to be reimbursed, if not direct billed or charged to Board of Education Credit Card (attach itemized receipts for Room and Tax only)

I hereby certify that the above is a correct statement of the amount due from the Trigg County Board of Education for travel expenses.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Principal/Supervisor

\_\_\_\_\_  
Date

<b>TOTAL FOR CLAIM</b>	
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To be completed by Finance Department	Amount Approved for Payment
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Board approved 8/8/2024