

# **BRIARCLIFF MANOR UNION FREE SCHOOL DISTRICT**

## **REQUEST FOR TRAVEL REIMBURSEMENT**

*(Submit receipts to the Business Office within 30 days of travel)*

NAME \_\_\_\_\_ P.O. # \_\_\_\_\_

Conference/Workshop: \_\_\_\_\_

Dates of Attendance: (attach proof of attendance) \_\_\_\_\_

A. \_\_\_\_\_ This was a multi-day/overnight workshop and I am only applying for the meal reimbursement  
Rate recommended by USGSA <https://www.gsa.gov/travel/plan-book/per-diem-rates>

**A. Total amount requested for reimbursement**      \$ \_\_\_\_\_

B. \_\_\_\_\_ I am applying for an itemized reimbursement. Original itemized receipts attached.

ITEMIZED REIMBURSEMENTS – All original itemized receipts must be attached. Reimbursements will not be approved with copies of receipts. In circumstances where a personal check or credit card was used, a copy of the cancelled check, front and back, or credit card statement, will be acceptable. Internet copies are acceptable. Proper types of receipts include:

- A. Store register tapes showing the store name, description, and date
- B. Invoices on company letterhead listing your name as the purchaser and stamped paid in full
- C. Copy of the front and back of the cancelled check along with an order form or registration form
- D. Itemized hotel bills are required – no reimbursement will be made on a credit card receipt
- E. A single meal receipt submitted for more than one diner must list the people served and their organization

NTE Allocation

Meals	Day 1	Day 2	Day 3	Day 4	Day 5
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Dinner</b>					
<b>*Total</b>					

\*Not to exceed Board Approved Rate

Total meals      \$ \_\_\_\_\_

Travel Conference Fee      \$ \_\_\_\_\_

Total travel (airfare, tolls, taxi, etc.)      \$ \_\_\_\_\_

Total hotel      \$ \_\_\_\_\_

Total mileage: \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Mileage      Rate

(Attach a computer generated mileage report – e.g. Map Quest)  
 IRS Mile Reimbursement Rate as of 1/1/24 – 12/31/24 = 67 cents

**B. Total amount requested for reimbursement**      \$ \_\_\_\_\_

Signature of Requisitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Building Administrator: \_\_\_\_\_ Date: \_\_\_\_\_