

FAIRFIELD PUBLIC SCHOOLS
Fairfield, CT 06825

OUT OF TOWN TRAVEL
Request for Reimbursement
2024-2025

Date/s of Trip _____ Destination (City/State) _____

Purpose _____

Name of Employee Requesting Reimbursement _____
(Please Print)

School/Department _____

Expenses Incurred:

Car (_____) Miles @.70 \$ _____

Tolls* \$ _____

Parking* \$ _____

Air/Train Fare* \$ _____

Other Ground Transportation* \$ _____

Hotel* \$ _____

Meals* \$ _____

Other Expenses* \$ _____

TOTAL \$ _____

**(No reimbursements will be made without receipts
and/or proof of payment)**

Maximum Reimbursement Authorized (where applicable) \$ _____

Account Code _____ Date _____

Administrator's Approval _____

Please return completed form and receipt(s) to the Accounts Payable Department

*Receipt required. TRAVEL REIMBURSEMENTS WILL NOT BE PROCESSED IF SUBMITTED AFTER JUNE 30th (of the current school year). **ALL REGISTRATIONS AND CONFERENCE FEES ARE TO BE PROCESSED ON PURCHASE ORDERS AND WILL NOT BE REIMBURSED USING AN OUT OF TOWN TRAVEL FORM.**