

FAIRFIELD PUBLIC SCHOOLS
Fairfield, CT 06825

OUT OF TOWN TRAVEL
Request for Reimbursement
2025-2026

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.