



Name:

Employee ID:

Building/Department:

Phone #:

BUSINESS/EDUCATION PURPOSE:

| MILEAGE              | START / END                                        | DATE                           | MILES | RATE            | AMOUNT |
|----------------------|----------------------------------------------------|--------------------------------|-------|-----------------|--------|
| TO:                  |                                                    |                                |       | \$0.65          | \$ -   |
| FROM:                |                                                    |                                |       | \$0.65          | \$ -   |
| TOTAL                |                                                    |                                |       |                 | \$ -   |
| <b>MEAL PER DIEM</b> |                                                    |                                |       |                 |        |
| DATE                 | Travel status - Partial Day/Partial Meals - (\$45) | Travel status - All Day (\$65) |       | AMOUNT          |        |
|                      |                                                    |                                |       | \$ -            |        |
|                      |                                                    |                                |       | \$ -            |        |
|                      |                                                    |                                |       | \$ -            |        |
|                      |                                                    |                                |       | \$ -            |        |
|                      |                                                    |                                |       | \$ -            |        |
|                      |                                                    |                                |       | \$ -            |        |
|                      |                                                    |                                |       | \$ -            |        |
| TOTAL                |                                                    |                                |       |                 | \$ -   |
| <b>MISCELLANEOUS</b> |                                                    |                                |       |                 |        |
| DATE                 | EXAMPLE: TAXI, PARKING                             |                                |       | AMOUNT          |        |
|                      |                                                    |                                |       | \$ -            |        |
|                      |                                                    |                                |       | \$ -            |        |
|                      |                                                    |                                |       | \$ -            |        |
|                      |                                                    |                                |       | \$ -            |        |
| TOTAL                |                                                    |                                |       |                 | \$ -   |
| ACCOUNT CODE         |                                                    |                                |       | REQUESTED TOTAL | \$ -   |

Claimant signature

Date \_\_\_\_\_

Approval Signature

Date \_\_\_\_\_

Enter the start point, your destination city and the number of miles traveled.  
 Mileage claimed shall be the lesser of the mileage from the employee's building  
 of employment or the employee's home.

To qualify for meal per diem reimbursement all meal costs must be personally paid  
Itemized receipts are NOT required.

Partial per diem available when travel status starts after 9:00 a.m. and ends before 5:00 p.m.

Partial per diem available when Sponsor provided portion of meals at event

Enter each day of travel and the amount of per diem owed

Attach a copy of the Event agenda showing which meals were not provided - REQUIRED

After completing this form, please print it and get your supervisors' signature and account code in which it will be paid. Attach all receipts (if required) and send to the Business office or scan and e-mail to [accounts.payable@jcschools.us](mailto:accounts.payable@jcschools.us).