REQUEST FOR TRAVEL REIMBURSEMENT

(Submit Receipts within 30 days of Travel to the Business Office)

A Purchase Order must be in place prior to the conference/travel in order for reimbursement to be processed.

Name: _____ Purchase Order #:_____

Conference/Workshop: _____

Dates of Attendance: _____

(**PROOF OF ATTENDANCE REQUIRED**) **ie. Sign in sheet, meeting minutes, certificate of completion)**

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. 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

Meals	Day 1	Day 2	Day 3	Day 4	Day 5
Breakfast					
Lunch					
Dinner					
Incidentals					
Totals					

Total Meals (may not exceed federal guidelines) $_____

Total Travel (Airfare, tolls, taxi, etc.) $_____

Total Hotel (per federal guidelines) $_____
https://www.gsa.gov/travel/plan-book/per-diem-rates

Total Mileage: _____ X _____ = $_____
Mileage Rate

Attach a computer generated mileage report (e.g. Map Quest, Google Maps). **Maximum** round trip mileage reimbursement is from the school to your destination. **Should your point of departure/return be closer to the district, adjust the report to only reflect mileage traveled.**

IRS *Mile Reimbursement Rate*

Mileage traveled 1/1/26 through 12/31/26 = 72.5 cents per mile

Total Amount of Requested Reimbursement = **$_____**

Employee signature attests that **reasonable, actual and necessary** expenses have been incurred and mileage driven.

Employee Signature: _____
Date

Signature of Administrator: _____
Date

District Policy 6830 outlines reimbursement and reimbursement regulations, **www.northsalemschools.org** under Board of Education Policy. Meal/lodging reimbursements rates are based on federal guidelines, **https://www.gsa.gov/travel/plan-book/per-diem-rates**. Review the policy and know the rates before you travel. The daily meal allowance may not be combined into one meal.

Pre-approval for air travel is required and boarding pass must be submitted for reimbursement.