

Rogersville City School

Travel Expense Reimbursement Form

Name \_\_\_\_\_ Date(s) of Travel \_\_\_\_\_

Destination \_\_\_\_\_

Funding Source: Title I Title IIA IDEA GP PreK PreK SpEd Other (to be circled by program supervisor)

Purpose of Travel \_\_\_\_\_

Type of Transportation \_\_\_\_\_ (personal car, airplane, etc.) Parking \_\_\_\_\_ (attach receipt)

Total Mileage \_\_\_\_\_ (please submit Google Maps documentation)

Mileage reimbursement due you at \$.72.5 per mile \_\_\_\_\_

Per diem rate (meal allowance) is paid when overnight stay is required. First and last days are reimbursed at 75% of the State of Tennessee government rate. All other days are paid in accordance with state reimbursement rates as follows:

Brentwood / Franklin / Nashville	\$86.00	\$64.50 (75%)
Chattanooga / Knoxville / Memphis	\$74.00	\$55.50 (75%)
All other cities	\$68.00	\$51.00 (75%)

Per diem total \_\_\_\_\_

I certify that the above expenses were incurred by me while traveling on official business for Rogersville City School, and I am not being reimbursed for this travel from any other source.

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

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Date Approved: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Director of Schools: \_\_\_\_\_

Finance Department Approval:

Vendor # \_\_\_\_\_ Hotel: \_\_\_\_\_

Account # \_\_\_\_\_ Meals: \_\_\_\_\_

Mileage: \_\_\_\_\_

Approved: \_\_\_\_\_ Parking: \_\_\_\_\_

Date: \_\_\_\_\_ Other: \_\_\_\_\_