JOHNSON CITY SCHOOLS
REQUEST FOR REIMBURSEMENT OF TRAVEL EXPENSES

NAME_____ DATE_____

ADDRESS_____

WORK LOCATION: _____ DATE(S) OF TRAVEL_____

DESTINATION_____

CONFERENCE NAME_____

FUNDING SOURCE_____

Date	Time	Travel From/To	Mileage	Breakfast	Lunch	Dinner	Daily Total
		TOTAL					

	Travel Card	**To be Reimbursed**
Travel (Airline, etc.)	$	$
Mileage _____ x $0.725/mile	N/A	$
Lodging (Attach receipts)	$	$
Registration (Attach receipts)	N/A	$
Meal Per Diem Total (from above)	N/A	$
Miscellaneous Expenses	$	$
TOTAL	**$**	**$**

_____
Signature of Claimant Date

_____
Supervisor Review/Signature Date

_____
School System Finance Officer Date

Instruction to Claimant:

1. Receipt must be attached for lodging, airline travel, registration or other expenses.
2. Rates must be in compliance with policy/regulation. Per Diem rates will vary based on travel location. Rates can be found at gsa.gov/perdiem. Include printout of per diem website with backup. Also include google maps directions printout for backup if claiming mileage.