Tarkington I S D

Travel Reimbursement

Name: _____

Event Attended: _____

Event Location(City): _____

Date(s) of Event: _____

Meals

Date	Breakfast	Lunch	Dinner	Total

All receipts MUST be attached. Meals for out of district travel are reimbursable at the lesser of actual cost or the limit of

$40.00 for the 1st day
$40.00 for the last day
$54.00 for a full day

Total _____

Lunch for travel not requiring an overnight stay shall be reimbursed at the lesser of actual cost or $15.00.

Receipts MUST show a complete list of items purchased, not just a total.

Mileage

** .725 cents January 1, to December 31, 2026

Date	Beginning Mileage	Ending Mileage	# of Miles	** Reimbursement Rate	Total
				.725	
				.725	
	Tolls and Parking **All receipts for Tolls and Parking MUST be attached.**				

Mileage can either be odometer readings or directions from MapQuest.

Total _____

Other

Date	Hotel	Conference Fee			Total

All receipts MUST be attached.

Please check with Central Office to verify the amount that is allowed for the Hotel

Total _____

This form is to be totaled and submitted to the principal or department supervisor prior to forwarding it to the Business Office.

Supervisor's Approval and Date	Assistant Superintendent's Approval and Date

Please make sure that everything is completed correctly before signing off on it.

Revised 02/12/2025