

# ALEXANDER CITY SCHOOLS

## TRAVEL EXPENSE REIMBURSEMENT REQUEST - EXPENSES PAID BY EMPLOYEE

PLEASE COMPLETE ALL AREAS OF FORM

THIS FORM MUST BE SUBMITTED TO THE BOOKKEEPER WITHIN **5 DAYS** OF TRIP.

Approved AESOP page with notes    
  Itemized Receipts    
  Car Request/Denial Form    
  Event brochure with dates and times    
  Hotel Folio

Name: \_\_\_\_\_ Location: \_\_\_\_\_    
 EVENT: \_\_\_\_\_ Name/Date/Location: \_\_\_\_\_    
 Date Received by Bookkeeper: \_\_\_\_\_

### ALLOWABLE EXPENSES - PAID BY EMPLOYEE (attach all original itemized invoices or receipts for reimbursable items)

(a) Registration: \$ \_\_\_\_\_    
 (b) Lodging: \$ \_\_\_\_\_    
 (c) Coach Airline Tickets: \$ \_\_\_\_\_    
 (d) Baggage Handling Fees: \$ \_\_\_\_\_

(e) Parking & Toll Fees: \$ \_\_\_\_\_    
 (f) Taxi Fees: \$ \_\_\_\_\_    
 (g) Personal Vehicle Mileage: \_\_\_\_\_ begin odometer \_\_\_\_\_ end odometer

h) Other Expenses: \$ \_\_\_\_\_    
 Total miles = \_\_\_\_\_ @ \$.725/mile = \$ \_\_\_\_\_

A Board car denial must be attached to be eligible for mileage reimbursement.

### Meal Reimbursement

Date	Breakfast (\$13.00) BEFORE 6:30AM		Lunch (\$18.00) 11:00AM-2:00PM		Dinner (\$25.00) 6:00PM-8:00PM		(l) Daily Meal Totals	Meal Overage
	Location	Amount	Location	Amount	Location	Amount		
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
<b>TOTAL MEAL EXPENSE</b>							\$	\$

Bookkeeper Initial/Date \_\_\_\_\_

I certify that the above is correct and due for services and/or travel reimbursement

TOTAL AMOUNT PAID BY BOARD

\$

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

G/L Account # (list below)

Amount

Fund Name

\$

Approved for Payment:

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_

CSFO's Signature \_\_\_\_\_

Date \_\_\_\_\_

Fund Supervisor's Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

Superintendent's Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_