



**Travel Expense Reimbursement Effective January 1, 2026**

**FOR OVERNIGHT TRAVEL**

**EMPLOYEE AND EVENT INFORMATION**

<b>Employee Name:</b>		<b>Site:</b>
<b>Conference / Event / Reason for Travel:</b>		
<b>Event Location:</b>		
<b>Employee PO # :</b>	<b>Fund:</b>	<b>Out of State Approval #:</b>

**Event Dates**

<b>From</b>	<b>To</b>

**Travel Dates**

<b>Depart</b>	<b>Return</b>
<i>This form shall be completed and submitted within 30 days of completion of travel.</i>	

**DAILY EXPENSES**

DATE	REGISTRATION <small>List PO# if paid separately</small>	MILEAGE		AIRPORT PARKING	AIRFARE <small>List PO# if paid separately</small>	BAGGAGE FEES	PUBLIC TRANSPORTATION <small>(Taxi/Uber/Bus/ Rental)</small>	OTHER PARKING/TOLLS	LODGING <small>List PO# if paid separately</small>	M&IE PER DIEM ALLOWANCE <small>(Based on Federal GSA CONUS Rates)</small>		TOTALS
		Miles	@ \$0.725/mi <small>(1/1/26 rate)</small>									
<b>PO #:</b>				<b>PO #:</b>								
<b>SUB-TOTALS</b>												

**OTHER / MISCELLANEOUS EXPENSES**

**\*\* THERE WILL BE NO REIMBURSEMENT FOR ALCOHOL. \*\***

<b>Documentation for Business Meals shall include:</b> * Name(s) of other individual(s) present; * location of meal; <b>Other miscellaneous expenses may include:</b> Purchase of PD materials; shipment of presentation materials; ETC	<b>* business purpose;</b> <b>* actual itemized receipt(s)</b>		<b>*Use this section to report (a) itemized Business Meals for other than yourself, and/or (b) any other miscellaneous expenses not recorded above.</b>		
	DATE	EXPLANATION	AMOUNT		
			<b>SUB-TOTAL</b>		

I affirm that the travel indicated above was performed as stated and that this claim for reimbursement is a true and correct account of expenses, none of which have been previously reimbursed or otherwise provided by other sources. I understand that I may be held liable under possible penalty of law for any falsified expenses or misstatement of claim, in addition to adverse employment actions that may be taken by the district against me, including possible employment termination.

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

I verify the information on and attached to this form is reasonable, complete, and accurate and is in compliance with district policy. I authorize payment of this reimbursement claim and verify (1) the validity of the travel as directly related to the district's educational mission and (2) all charges are against the proper OCAS code.

Administrative Approval \_\_\_\_\_ Date \_\_\_\_\_

ATTACHMENT CHECKLIST	
<input type="checkbox"/>	Registration Form/Information
<input type="checkbox"/>	Mileage Map(s)
<input type="checkbox"/>	Transportation Receipt(s)
<input type="checkbox"/>	Tollway Charts/Charges
<input type="checkbox"/>	Hotel Receipt (\$0 balance)
<input type="checkbox"/>	GSA Rates Form
<input type="checkbox"/>	Baggage Receipt(s)

**SUMMARY**

REGISTRATION	
TRANSPORTATION	
LODGING	
MEALS	
OTHER	
<b>TOTAL REIMBURSEMENT</b>	
<small>FOR ACCOUNTING USE ONLY</small>	
<b>APPROVAL</b>	
1)	2)