

**2026 Expense Reimbursement Form**

Employee Name: \_\_\_\_\_ Purchase Order #: \_\_\_\_\_  
 Round-trip daily commute - # of miles: \_\_\_\_\_ Budget Code: \_\_\_\_\_  
 Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_  
 Purpose of Trip: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Insert Dates								
Registration/Tuition								
Meals & Incidentals <i>IRS per diem rate</i> <a href="https://www.gsa.gov/travel/pl-an-book/per-diem-rates">https://www.gsa.gov/travel/pl-an-book/per-diem-rates</a>								
Lodging								
Plane/Train								
Cab Fare								
Reimbursable Mileage at current IRS rate (72.5 cents) <small>* IRS rate subject to change</small>								
<b>** Attach Mapquest or similar for distance traveled and daily commute **</b>								
Parking								
Tolls								
Other								
<b>TOTAL EXPENSES</b>								

Please explain any unusual items: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please  check the boxes below verifying inclusion of:

Itemized receipts for all expenses & proof of payment (including meals)  
**\*\*Meals are subject to a maximum reimbursement of the per diem rate  
 (<https://www.gsa.gov/travel/plan-book/per-diem-rates>)**

Proof of mileage (Mapquest printout) for trip and regular commute

My Learning Plan &/or Statement of Reimbursement if needed

Purchase Order

I certify the above expenses were incurred for official School District business.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Approval \_\_\_\_\_ Date \_\_\_\_\_

-----  
 Business Office Use Only

\_\_\_\_\_  
 Date Received

\_\_\_\_\_  
 Assistant Superintendent's Approval Date