

GROTON PUBLIC SCHOOLS  
Groton, Connecticut  
FORM F-1 - SUNDRY EXPENSE ACCOUNT

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
School

\_\_\_\_\_  
Date submitted

Reimbursement is requested for the following sums of money expended for actual and necessary expenses on official business for the Groton Public Schools during the period stated. I certify that the amounts claimed were actually expended by me and that I have not heretofore received payment for any part thereof; and that all vouchers for the expenditures involved are appended hereto; and that all services and supplies were procured at current rates.

\_\_\_\_\_  
Signature

Purpose of travel or expense:

Destination:

Authorized by (signature required):

ITEMIZATION AND NATURE OF EXPENSE

| DATE          | MILES TRAVELLED BY PRIVATELY OWNED VEHICLE * | COST OF RAIL OR AIR TRAVEL ** | COST OF MEALS ** | COST OF LODGING ** | MISC. EXPENSE AMOUNT ** | DESCRIPTION/PURPOSE OF MISC. EXPENSE AMOUNT |
|---------------|--|-------------------------------|------------------|--------------------|-------------------------|---|
|               |  |                               |                  |                    |                         |   |
|               |  |                               |                  |                    |                         |   |
|               |  |                               |                  |                    |                         |   |
|               |  |                               |                  |                    |                         |   |
|               |  |                               |                  |                    |                         |   |
|               |  |                               |                  |                    |                         |   |
|               |  |                               |                  |                    |                         |   |
|               |  |                               |                  |                    |                         |   |
|               |  |                               |                  |                    |                         |   |
|               | TOTAL MILES:                                 |                               |                  |                    |                         |   |
| COLUMN TOTALS | \$   | \$                            | \$               | \$                 | \$                      | GRAND TOTAL \$                              |

\* Travel within the state will be reimbursed based on the Official Mileage Guide available in your school office. Out of state travel will be based on actual mileage. Mileage to meetings, conferences, etc. must be reduced by the normal distance traveled to work when the participant departs from home. Requests for mileage reimbursement must be itemized showing date and destination. Additional space is available on the back of the form for travel itemization.

\*\* **Original Itemized Receipts from vendor showing payment made must be attached** for reimbursement for air/rail travel, meals, lodging, purchases, etc. Requests for reimbursement must be itemized in the appropriate column. Meal and lodging reimbursements should be reasonable and should not exceed the General Services Administration (GSA) per diem rates. Meals are reimbursed individually and not aggregated. For in-state Connecticut, the rate should not exceed \$64.00 per day: Breakfast \$15.00, Lunch \$16.00, Dinner \$28.00. For out-of-state, refer to the GSA.gov website for appropriate per diem rate by location <http://www.gsa.gov/portal/content/104877> . For details see GPS travel guidelines at <https://www.grotonschools.org/aboutus/finance-office>.