

FORM (Please print clearly.)

7/1/26

YEAR: _____

[illegible]

**Attach required receipts. Sales tax is not reimbursable.

TOTAL REQUEST FOR PAYMENT:

DATE: _____

Washington Central Unified Union SD

Travel & Travel Expense Procedure Summary

All ***Travel & Expense Forms*** (see reverse) must be submitted within 60 days to receive reimbursement.
Please complete this form by following the procedures listed below:

- **SCHOOL:** Enter name of school or site travel is for.
- **CHECK PAYABLE TO:** Enter your first and last name.
- **YEAR:** Enter year you are requesting reimbursement for. Use 1 sheet per month/year.
- **APPROVED BY:** Have school/site Administrator or designee sign the form, after completing form and attaching documents.
- **DATE:** Dated by Administrator upon approval.

* **Enter mileage and/or receipts for actual day(s) traveled.**

- **From Location:** Enter location starting point.
 - **To Location:** Enter location ending point.
 - **Purpose of Trip:** Enter reason for traveling.
 - **Miles Traveled:** Enter total number of miles traveled that day (based on actual mileage calculated using <http://www.mapquest.com/> , or <https://maps.google.com/>.) If traveling to several locations in one day, include the address for each location in the directions provided on that day's map/directions.
 - **Misc Amount:** Enter receipt amounts on actual date(s) traveled. Attach all receipts (i.e., tolls, parking, lodging, meals, etc.) with this form. **Sales tax is not reimbursable.**
 - **Misc Description:** Enter description of item next to **Misc. Amount** being reimbursed for.
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- **Total Miles:** Calculate monthly mileage (attach calculator tape showing total miles traveled).
 - **Current Rate:** Mileage rate is specified yearly by the IRS.
 - **Mileage Reimbursement:** Multiply **Total Miles** traveled by **Current Rate** (include on tape with total).
 - **Total Misc. Amount:** Add the column **Misc. Amounts** (provide tape showing total).
 - **TOTAL REQUEST FOR PAYMENT:** Add **Mileage Reimbursement** and **Total Misc. Amount** totals to get final reimbursement amount (provide calculator tape showing final payment total).

If you are requesting reimbursement for more than one month, then please complete separate forms, as months CANNOT be combined. Thank you.