FAIRFIELD PUBLIC SCHOOLS
Fairfield, CT 06825

OUT OF TOWN TRAVEL
Request for Reimbursement
2026-2027

Date/s of Trip_____ Destination (City/State) _____

Purpose _____

Name of Employee Requesting Reimbursement _____
(Please Print)

School/Department_____

Expenses Incurred:

Car (_____) Miles @.76	$_____
Tolls*	$_____
Parking*	$_____
Air/Train Fare*	$_____
Other Ground Transportation*	$_____
Hotel*	$_____
Meals*	$_____
Other Expenses*	$_____
TOTAL	$_____

(No reimbursements will be made without receipts and/or proof of payment)

Maximum Reimbursement Authorized (where applicable) $_____

Account Code_____ Date_____

Administrator's Approval_____

Please return completed form and receipt(s) to the Accounts Payable Department

*Receipt required. TRAVEL REIMBURSEMENTS WILL NOT BE PROCESSED IF SUBMITTED AFTER JUNE 30th (of the current school year). ALL REGISTRATIONS AND CONFERENCE FEES ARE TO BE PROCESSED ON PURCHASE ORDERS AND WILL NOT BE REIMBURSED USING AN OUT OF TOWN TRAVEL FORM.