



(208)365-6301/fax: (208)365-2961

Name

* Mileage for weekday travel directly to a conference location will be reimbursed using lesser of: home to conference or regular worksite to conference.

I hereby certify the information submitted in this form is true and correct, and was incurred in the conduct of school district business.

Date _____

Date _____

Total Reimb Due: \$

Funds/Purchase Order #:

Name _____

Our school district reimburses out- of -district expenses at actual cost and requires receipts for reimbursement. Reimbursement for meals will not exceed their per diem rates listed below. Partial day travel must be pro-rated (ie leaving and returning days of conference travel). Meals provided to the traveler free of charge should not be claimed.

Meals: Full day per diem	Partial day per diem	
\$68	Breakfast - 25%	\$17.00
	Lunch - 35%	\$23.80
	Dinner - 55%	\$37.40

Travel Related Expenses (i.e. conference):

Receipts must accompany this form for reimbursement of all expenses.

To City/St _____ Departure Date _____ Departure Time _____

Return Date _____ Return Time _____

Purpose of Travel _____

Date	Meal expenses	Other	Lodging	Comments
Totals	\$	\$	\$	

Mode of Travel	Reimbursable Amount	Comments
Private Vehicle	Details on reverse	
Airfare, Train, Bus		
Baggage Fees		
Taxi, Shuttle		
Other		
Other		
Totals	\$	

Total Travel Related Expenses \$ _____