Dobbs Ferry School District
Independent Thinkers Change Worlds

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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	
Insert Dates								TOTAL
Registration/Tuition								
Meals & Incidentals *IRS per diem rate* https://www.gsa.gov/travel/plan-book/per-diem -rates								
Lodging								
Plane/Train								
Cab Fare								
Reimbursable Mileage at current IRS rate (76 cents) * IRS rate subject to change								
** *Attach Mapquest or similar for distance traveled and daily commute* **								
Parking								
Tolls								
Other								
							TOTAL EXPENSES	

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