Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Interim Superintendent
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REQUEST FOR REIMBURSEMENT

Employee Name: _____

Dates of Travel: ___/___/___to ___/___/___ Destination: _____

Total Estimated Cost: $_____Travel Advance Requested: $_____

Budget Account to be charged: _____

Employee: _____Date: _____

Worksheet

	ACTUAL COST
Air	$
Meals (___Days @ $68.00 per Day)	$
Lodging (___Days @ $____/Day)	$
Registration	$
Rental (___Days @ $____/Day)	$
Mileage (____Miles @ $0.70 per mile)	$
Other	$
Sub-Total	$
Less registration paid by district	-$
Less travel advance received	-$
Amount to be Reimbursed	$

Revised 8/2023