

OVERNIGHT TRAVEL REIMBURSEMENT

Date
Name
Title
School/Building
Phone Number
Home Address

Event
Location
Dates of Event
Date/Time of Departure
Date/Time of Return

Please follow *Policy 6213* and *Procedure 6213P* for Reimbursement for travel expenses.

- Meal reimbursements are based on the IRS Federal Per Diem Rates found at:
<https://www.gsa.gov/travel/plan-book/per-diem-rates>
- Incidental expenses will not be reimbursed as these are already included in meal per diem rate.
- Do not include any meals that are provided at the conference or hotel.

Please include the following items before submitting form:

- Itemized/detailed receipts. Include bank or card statements if the receipt does not show amount as paid.
- Signature of the employee, supervisor and travel coordinator. ASB signature required for ASB expenditures.
- Account Code - ***If not provided, the form will be sent back***

	Travel Expense	Account Code
Registration Fees *	\$	
Airfare *	\$	
Hotel *	\$	
Mileage (<i>attach mileage form and map</i>)	\$	
Per Diem (<i>attach per diem form with GSA rate</i>)	\$	
Parking*	\$	
Other *(tolls, ferry, baggage fee, etc.)	\$	
TOTAL	\$	

**These expenses are OK to charge on P-card*

Employee Signature _____ Date _____

Supervisor/Principle Signature _____ Date _____

Travel Coordinator _____ Date _____

Superintendent/Designee Signature _____ Date _____

ASB signature (if applicable) _____ Date _____

For office use only:

Total \$ _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS IS A TRUE AND CORRECT CLAIM FOR NECESSARY AND ALLOWED EXPENSES INCURRED BY ME, AND THAT NO PAYMENT HAS BEEN RECEIVED BY ME ON ACCOUNT THEREOF.