2026

LEWISTOWN PUBLIC SCHOOLS

TRAVEL REIMBURSEMENT CLAIM FORM

NAME _____ ***ADDRESS*** _____ ***DATE*** _____

Home PO Box or Street & City

Before leaving complete a Purchase Authorization for approval of purchases with a PO or the school's credit card. Also refer to the LPS Travel Reimbursement Information sheet. Complete all information below **immediately upon return from your trip** with amounts to be reimbursed, attach an event itinerary and return the signed original to your BUILDING ADMINISTRATOR ***PLEASE STAPLE ALL RECEIPTS***.

CONFERENCE/MEETING: _____ ***LOCATION:*** _____

Departure: *Date:* _____ *Time:* _____ ☑ *A.M.* ☐ *P.M.*

Return: *Date:* _____ *Time:* _____ ☐ *A.M.* ☑ *P.M.*

1. **School Transportation**: (Receipts Required) Only use the fuel credit cards provided in the vehicle.

Did you reserve a vehicle on district website? ☑ Yes ☐ No **Driver's Name:** _____

Other Transportation: (Receipts Required) State rates are $ 0.76/mile.

☐ Auto: _____ (Distance) x _____ (Rate) /mile = $ _____ Auto Reimbursement $_____

☐ Airline: **(attach proof of airline cost)** Airline Reimbursement $_____

Requisition #/P. O. # _____ **Amount: $** _____ School Credit Card Used? ☐ Yes ☐ No

2. **Lodging**: (Receipts Required) **Name of Hotel**: _____

Requisition #/P. O. # _____ **Amount: $** _____ School Credit Card Used? ☐ Yes ☐ No

OR

Number of Nights: _____ Rate = $ _____ Lodging Reimbursement $_____

Maximum Reimbursement: **In-State:** Reimbursed at Current State Rate

Out-of-State: Reimbursement at Out-of-State Rate

3. **Meals**: **Requisition #/P. O. #** _____ **Amount: $** _____ Meal Reimbursement $ _____

In-State Reimbursement		**# Meals**	**Out-of-State Reimbursment**		**# Meals**
Breakfast	($11.20)	_____	Breakfast	($16.00)	_____
Lunch	($13.30)	_____	Lunch	($19.00)	_____
Dinner	($19.60)	_____	Dinner	($28.00)	_____

School District credit cards are not to be used for meals.

4. **Registration Fee**: (Attach Copy of Registration Forms) Registration Reimbursement $ _____

Requisition #/P. O. # _____ **Amount: $** _____ School Credit Card Used? ☐ Yes ☐ No

5. **Other Expenses**: (Receipts required for $5.00 or more) Other Expense Reimbursement $ _____

List: (Taxi, Parking, Bus, etc.) _____

Requisition #/P. O. # _____ **Amount: $** _____ School Credit Card Used? ☐ Yes ☐ No

EMPLOYEE TRAVEL REIMBURSEMENT $ _____

LAST FOUR (4) DIGITS OF SCHOOL CREDIT CARD USED - _____

Claimant's Signature _____ Position _____ Date _____

Supervisor's Signature _____ Date _____

ADMINISTRATOR: ***PLEASE COMPLETE BUDGET CODE INFO BELOW & SEND TO CHRIS GOBBLE, LINCOLN BLDG***

ADDITIONAL COMMENTS

_____

_____

_____

BUDGET CODE/DESCRIPTION

Budget Codes for Travel: _____

_____

_____

Superintendent Signature: _____ ***Date:*** _____