

BRIARCLIFF MANOR UNION FREE SCHOOL DISTRICT

REQUEST FOR TRAVEL REIMBURSEMENT

(Submit receipts to the Business Office within 30 days of travel)

NAME _____ P.O. # _____

Conference/Workshop: _____

Dates of Attendance: (attach proof of attendance) _____

A. _____ This was a multi-day/overnight workshop and I am only applying for the meal reimbursement
Rate recommended by USGSA <https://www.gsa.gov/travel/plan-book/per-diem-rates>

A. Total amount requested for reimbursement \$ _____

B. _____ I am applying for an itemized reimbursement. Original itemized receipts attached.

ITEMIZED REIMBURSEMENTS – All original itemized receipts must be attached. Reimbursements will not be approved with copies of receipts. In circumstances where a personal check or credit card was used, a copy of the cancelled check, front and back, or credit card statement, will be acceptable. Internet copies are acceptable. Proper types of receipts include:

- A. Store register tapes showing the store name, description, and date
- B. Invoices on company letterhead listing your name as the purchaser and stamped paid in full
- C. Copy of the front and back of the cancelled check along with an order form or registration form
- D. Itemized hotel bills are required – no reimbursement will be made on a credit card receipt
- E. A single meal receipt submitted for more than one diner must list the people served and their organization

NTE Allocation

Meals	Day 1	Day 2	Day 3	Day 4	Day 5
Breakfast					
Lunch					
Dinner					
*Total					

*Not to exceed Board Approved Rate

Total meals \$ _____

Travel Conference Fee \$ _____

Total travel (airfare, tolls, taxi, etc.) \$ _____

Total hotel \$ _____

Total mileage: _____ x _____ = \$ _____

Mileage Rate

(Attach a computer generated mileage report – e.g. Map Quest)

IRS Mile Reimbursement Rate as of 1/1/26 – 12/31/26 = 76 cents

B. Total amount requested for reimbursement \$ _____

Signature of Requisitioner: _____ Date: _____

Signature of Building Administrator: _____ Date: _____