

Travel, Per Diem and Mileage Reimburse Regulations, Procedures and Forms

Professional Leave or Travel Reimbursement Request

(This report is due within five days after the return from trip and ALL RECEIPTS AND STATEMENTS indicated above must be attached for reimbursement to employee. Return to the business office.)

Date Submitted: _____
 Name: _____ Position: _____
 Title of Activity: _____

(attach program or agenda)

Destination: _____ Time of Activity: _____
 City: _____ Start: _____
 State: _____ Date _____ Time _____
 Other: _____ End: _____
 Date _____ Time _____

Departure Date/Time: ____/____/____ am/pm

Total Days (24 hour period) _____

Return Date/Time: ____/____/____

| To Be Completed By Employee Upon Completion of Trip | Reimbursement Request | Amount Paid |
|---|-----------------------|-------------|
| 1) Transportation <ul style="list-style-type: none"> • Auto Mileage ____@____/mile • Private Car as Owner • School Bus/School Vehicle • Other • Public Carrier (Receipt Required) • Local Transportation (taxi, bus) (Receipt Required) | \$ _____ | \$ _____ |
| 2) Meals – Turn in excel reimbursement sheet as attachment. (Full reimbursement made only for full 24 hour day) (Receipts Required) | \$ _____ | \$ _____ |
| 3) Lodging (Receipts Required) | \$ _____ | \$ _____ |
| 4) Registration Fee (Excluding Meals) (If registration was paid in advance by district, do not make an entry here) (Receipt Required) | \$ _____ | \$ _____ |
| 5) Parking (Receipt Required) | \$ _____ | \$ _____ |
| 6) Car Rentals (Must be approved in advanced.) (Receipt Required) | \$ _____ | \$ _____ |
| 7) Other Expenses (Explain and receipt(s) required) | \$ _____ | \$ _____ |
| Total (Items 1-6) | \$ _____ | \$ _____ |
| Bookkeeper Initials | | |

I certify this is a true and accurate compilation of travel expenses incurred in the course of school/district business.

Employee Signature: _____ Date: _____