Earle School District
Travel and Expense Reimbursement Form

Name Of Payee _____

Department _____

Date _____

School Name _____

M/D/Y	To	From	Miles Driven	Rate Per Mile	Amount Claimed
				0.42	
				0.42	
				0.42	
				0.42	
				0.42	
				0.42	
				0.42	
				0.42	
				0.42	
				0.42	
Totals					

Additional Expense				
M/D/Y	Hotel	Meals	Taxi/Shuttle	Other Expense
Total				

Documents Required for Reimbursement
1. Travel Approval Form signed by all parties
2. Registration
3. Agenda
4. Map Quest or Google Maps for mileage
5. Hotel/Meal receipts/ must be signed by all parties and MUST BE ORIGINALS and be itimized
6. All Reimbursement forms must be signed by payee, superisor and superintendent
7. Destination must be addressed to address not city to city

Any forms not complete will be returned and not paid until complete
If you need assistance or have questions call Cindy Smith 501-683-5288 or Cynthia Brannon 501-683-5289