

TRAVEL EXPENSE REIMBURSEMENT FORM

Name of Payee _____ Department _____ Date _____

School Name _____ Vehicle License Number _____

City / State

Detailed Expenditures

M/D/Y	TO	FROM	ODOMETER READING BEG / END	HOTEL ROOM	MEALS*	TAXI OR SHUTTLE	INCID*	MILES DRIVEN	RATE PER MILE	AMOUNT CLAIMED
			/						.42	
			/						.42	
			/						.42	
			/						.42	
			/						.42	
			/						.42	
			/						.42	
			/						.42	
SUB-TOTALS			/						.42	

*MEALS PER DIEM **No Receipt** \$40.00 In-State \$75.00 Out-of-State ---- Effective only for overnight stay

*INCIDENTALS (1) Postage (2) Parking Fee (3) Registration Fee (4) Minor Purchases (5) Other (explain)

***** Will not pay for Speeding /Parking Fines, Alcoholic Beverages *****

Approved _____
 Building Principal/Supervisor

 Signature of Traveler **TOTAL CLAIMED** _____

Approved _____
 Superintendent

 TOTAL CLAIMED _____