

# STAFF TRAVEL REIMBURSEMENT REQUEST FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STARTING POINT: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ TIME \_\_\_\_\_

DATE OF RETURN: \_\_\_\_\_ TIME \_\_\_\_\_

<i>Business Office Use:</i>	
Days _____	
Hours _____	
Max _____	

PURPOSE OF TRIP: *(Must attach agenda.)*

	<u>PO #</u>	<u>\$ Requested</u>	<u>\$ Actual Paid</u>
<u>LODGING:</u> Hotel <i>(Must attach itemized hotel receipt)</i> Conference Site			\$ _____
_____	_____	_____	_____
<u>REGISTRATION:</u> Conference			
_____	_____	_____	_____
<u>AIRFARE:</u> _____	_____	_____	_____
<u>OUT-OF-POCKET EXPENSES</u> <i>(Receipts Required)</i>			
Meals <i>(\$30.00 per day maximum)</i>			\$ _____
Taxi/Parking			_____
Other			_____
<b><u>TOTAL REIMBURSEMENT</u></b> .....			

I hereby certify that the above travel was done in connection with authorized school business, at least fifteen miles away from my designated post of duty, and that the above statement is true and payment hereof has not been received.

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_



Business Office Approval \_\_\_\_\_ Account Number \_\_\_\_\_ Date \_\_\_\_\_

SUPERINTENDENT'S APPROVAL \_\_\_\_\_ Date \_\_\_\_\_