

TRAVEL EXPENSE CLAIM FORM

STAFF NAME: _____ **Dates of Travel** _____

TRANSPORTATION Purpose of Travel _____

EXACT MILEAGE:

Car _____ miles from Boone to _____ and return @ .545/mile \$ _____

Car _____ miles from Boone to _____ and return @ .545/mile \$ _____

Car _____ miles from Boone to _____ and return @ .545/mile \$ _____

PLANE – if arrangements not made by the Business Office - *attach receipt* \$ _____

MEALS – IRS REGULATION – MEALS ONLY REIMBURSABLE WITH OVERNIGHT STAY

Detailed Receipts Required – Credit card receipt with total only is not acceptable.

Do Not Report Iowa Sales Tax AND Tip.

In-State Daily Limit \$40/Out of State Daily Limit - \$50

DATE: _____ \$ _____

Breakfast: _____ \$ _____

Lunch: _____ \$ _____

Dinner: _____ \$ _____

Daily Total : _____

PARKING – Receipts Required \$ _____

REGISTRATION – If not made prior to event – Receipts Required \$ _____

LODGING – If arrangements not made by the Business Office – Receipts Required

Hotel/Motel expense _____ nights @ _____ \$ _____

OTHER EXPENSES – Receipts Required
_____ \$ _____

_____ \$ _____

TOTAL \$ _____

Date _____
Authorized Approval
Principal/Superintendent
Account # _____ 580

Date _____
Signature of Claimant
Printed Name _____
Home Address _____
