

Employee Travel Reimbursement Request

Joseph City Schools

Name of traveler requesting reimbursement:

Purpose of travel:

Mileage Log (personal vehicle)

Date	From	To	Miles
TOTAL MILES			
x Rate per mile			\$ 0.625
Mileage reimbursement amount due			

Meals

Meal instructions

Employee may only request reimbursement for the **actual cost** of meals but no more than the maximum meal reimbursement rate below OR the maximum meal amount set for the trip, grant or other funding source by the administrator/supervisor.

Breakfast maximum rate: \$10.00 | Depart before 6:00 am

Lunch maximum rate: \$12.00 | Depart before 11:00 am

Dinner maximum rate: \$20.00 | Arrive home after 7:00 pm

The first meal out is NOT reimbursed.

NO reimbursement for travel less than 50 miles from home.

NO reimbursement for meals provided by the conference, host, hotel, event, etc., including continental breakfasts.

Actual Cost				
Date	Breakfast	Lunch	Dinner	Daily Total
Total actual cost of meals				

Other Travel Expenses

Hotel reimburseable amount (attach receipt)

Other expenses (describe & attach receipts)

TOTAL REIMBURSEMENT

Less: Prepayments already made to employee or amounts already paid by District

TOTAL mileage, meals & other travel expense reimbursement due to employee

Approvals

Administrator Signature

Code

DO Approval