

TRAVEL EXPENSE REIMBURSEMENT REQUEST

Raymore-Peculiar School District

Name: _____

From: _____, 20____ to _____, 20____

Destination _____

Purpose of trip _____

Date	No. of miles	Miles @ \$.55	Tolls & Parking	Other Transport	Lodging	Meals				Other	Daily Totals
						Breakfast	Lunch	Dinner	Snacks		
Totals											\$

More lines are available on back of sheet

NOTES:

Total from back page \$ _____

1. Attach all ORIGINAL receipts
2. Meals Max/Day \$30 in state, \$40 out of state
3. 20% max allowed on tip based on meal, not inc. tax
4. If you paid for a group meal, fill out Meal Detail box on back of sheet
5. Record all meals during the trip in the appropriate meal box, noting those that were provided by the conference or paid for by others
6. Out of state travel must be pre-approved by the Superintendent, Assistant Superintendent or Director of Finance

Total amount due \$ _____

****Reimbursement should be requested within 30 days of the conclusion of the activity.**

I certify that the above expenses were necessary to the public business of the Raymore-Peculiar School District, that I have made payment therefore, and have not been or will not be reimbursed therefore from any other source, and said expenses heron are, to the best of my knowledge and belief, correct.

Signed _____ Date _____

Administrator approval _____ Date _____

Office use only

Keynet Request # _____

Budget Code _____

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