

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		HOTEL	MEALS*	TAXI OR	INCID*	MILES	RATE	AMOUNT
			BEG	/	END	ROOM	SHUTTLE		DRIVEN	PER	CLAIMED
										.42	
										.42	
										.42	
										.42	
										.42	
										.42	
SUB-TOTALS											

*MEALS PER DIEM Must Attach Receipts \$30.00 In-state \$42.00 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 Gratuity, Valet Parking, Speeding/Parking Fines, Alcoholic Beverages*****

Approved _____
Building Principal/Supervisor

Signature of Traveler TOTAL CLAIMED _____

Approved _____
Superintendent