



# DUNDEE COMMUNITY SCHOOLS



## Travel Expense Reimbursement Request Professional Meeting or School Related Business Expense

Name: \_\_\_\_\_ Date(s) of Meeting/Conference/In-service: \_\_\_\_\_

Meeting/Conference/In-service Location: \_\_\_\_\_

Address: \_\_\_\_\_

Verify that all required receipts **for your own expenses** are attached to avoid any unnecessary delay in the processing of your expense reimbursement. Receipts must indicate that your charge has been paid before you can be reimbursed. Personal expenses are not reimbursable and include such items as expenses of spouse or other staff members, business associates, tours, insurance and unrelated meeting entertainment expense. Contractual provisions and obligations will be adhered to regarding employee reimbursement(s). **Requests must be submitted within 30 days of conference attendance.**

### TRANSPORTATION (Tickets or receipts required)

Private Auto	X \$0.58.5	_____
Plane	Total Miles	_____
Train		_____
Bus		_____
Other (specify) _____		_____
	Total Transportation:	_____

### MEALS (Itemized receipt required) - Daily reimbursable meal limit is \$25.00.

Date	Breakfast	Lunch	Dinner	Total
Total Meals				_____

### HOTEL (Receipt required)

Date	Location

Total Hotel \_\_\_\_\_

### MISCELLANEOUS (receipts required for each)

Telephone (List charges on your hotel bill)	_____
Parking	_____
Taxi	_____
Registration Fee	_____

Other Miscellaneous Fee (specify) \_\_\_\_\_

Total Miscellaneous \_\_\_\_\_

**TOTAL EXPENSE:** \_\_\_\_\_

I certify that the above is a true and exact report of my expenses.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only:

Charge Account: \_\_\_\_\_ Send to Building: \_\_\_\_\_ Supervisor Approval: \_\_\_\_\_