

dated: 4/16/12

CHILTON INDEPENDENT SCHOOL DISTRICT TRAVEL REIMBURSEMENT REQUEST

Employee _____

Destination _____

Departure Date _____

Time _____

Return Date _____

Time _____

Purpose of trip (conference, workshop, etc.) _____

EXPENSES:

Meals:

_____	Breakfasts @ \$ 8.00	\$ _____
_____	Lunches @ \$ 12.00	\$ _____
_____	Dinners @ \$ 15.00	\$ _____

Total Meals (\$35 per day allotment) \$ _____

LODGING:

_____ Nights for 1 person @ \$ _____

_____ Federal Expenditure

Total Lodging \$ _____

TRANSPORTATION:

_____ Miles @ \$.45 per mile \$ _____

_____ Public Transportation \$ _____

Total Transportation \$ _____

OTHER EXPENSES:

Registration \$ _____

Other \$ _____

Total Other \$ _____

Total Expenses \$ _____

Amount Advanced By District \$ _____

Reimbursement To Employee \$ _____

Employee Signature _____

Date _____

Principal Approval _____

Date _____

Superintendent Approval _____

Date _____

Expenditure Code _____

Please attach all receipts for lodging, public transportation and other expenses.