

# ALLENDALE COUNTY SCHOOLS

## TRAVEL EXPENSE STATEMENT

A copy of the approved "Request for Travel Form", receipts and this Travel Expense Statement **must be turned in within 30 days of travel** in order to be reimbursed.

Date Completing Form: \_\_\_\_\_ Name of Traveler: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

(Attach Copies of Conference/Meeting Agenda)

Date(s) of Travel: \_\_\_\_\_ Departure Time: \_\_\_\_\_ am/pm Return: \_\_\_\_\_ am/pm

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

City/State

City/State

DEPARTING FROM: Residence \_\_\_\_\_ School/Office \_\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_\_ total miles x **.58¢ per mile\*\*** = \$ \_\_\_\_\_

Breakfast Meal \_\_\_\_\_

Lunch Meal \_\_\_\_\_

Dinner Meal \_\_\_\_\_

Hotel Expense \_\_\_\_\_

Registration \_\_\_\_\_

Parking \_\_\_\_\_

Other Expense(s) \_\_\_\_\_

**TOTAL COST** \$ \_\_\_\_\_

**\*\*EMPLOYEES TRAVELING TO THE SAME CONFERENCE/MEETING(S) WILL CAR POOL WHEN FEASIBLE**

**NO MEAL(S) REIMBURSEMENT UNLESS OVERNIGHT STAY**

**IN-STATE:**

\$8.00 Breakfast

\$10.00 Lunch

\$17.00 Dinner

\$35.00 MAXIMUM PER DAY FOR IN-STATE TRAVEL

\$50.00 MAXIMUM PER DAY FOR OUT-OF-STATE TRAVEL

**OUT-OF-STATE:**

\$10.00 Breakfast

\$15.00 Lunch

\$25.00 Dinner

I certify that the above expenses are true and correct and were personally incurred by me in the performance of official duties; and that any meal, lodging or other expenses included in a conference or convention registration fee or otherwise paid by a third party, are not reflected on this claim for reimbursement.

ACCOUNT NUMBER: \_\_\_\_\_

Signature of Traveler: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_