

MELBOURNE SCHOOL DISTRICT TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1

DEPARTMENT: _____ **OFFICIAL STATION:** _____

NAME OF PAYEE: _____ **PRIVATE VEHICLE LICENSE NO.:** _____

PLACE OF RESIDENCE AND ADDRESS: _____

If overnight travel, provide the following times: **Time of day that the trip began:** _____ **Time of day that the trip ended:** _____

DETAILED EXPENDITURES OTHER THAN MILEAGE															
DATE	NAME OF TOWN VISITED	COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS*	TELEPHONE	TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED	
													0.29		
													0.29		
													0.29		
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													0.29		
													0.29		
													0.29		
													0.29		
SUB-TOTALS										TOTALS FOR MILEAGE				0.29	

INCIDENTALS

(1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs
 (5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests
 and Wards of the State (8) Other (Explain)

RECAPITULATION

SUB-TOTAL _____

Approved _____
 Travel Supervisor

 Signature of Traveler

MILEAGE CLAIMED _____

 Title

TOTAL CLAIMED _____