Ridgefield School District 122

TRAVEL REIMBURSEMENT CLAIM

EMPLOYEE/VENDOR TO BE PAID					MONTH/YR			* <u>ORIGINAL</u> ITEMIZED receipt from vendor must be attached						
HOME A		rnight trave	el only						,	**Other	Travel ind	ludes inci	dentals for parking, taxi, etc. Detail of "OTHER TRAVEL" nee	ded below dotted line.
	DEPART			MEALS	3	INCIDENTALS	MEAL		# OF		MILEAGE		START/END LOCATIONS & PURPOSE	dod bolow dottod iiilo:
DATE	TIME^				DINNER	(IE)	TOTAL	LODGING*	MILES	\$/MILE			ARE REQUIRED. INCLUDE ALL STOPS.	PURCHASE ORDER#
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TOTALS	<u> </u>	<u> </u>												
IOIALO										J			J GRAND TOTAL TRAVEL	
													CIVALD TO TAE TIVAVEE	
					DETAIL O	F OTHER TRAVE	L**							
DATE					VENDOR			ITEM* COST		COST	PURPOSE	PURCHASE ORDER #		
PER DIEM RATES https://www.gsa.gov/travel/plan-book/per-diem-rates														
nups.//w	ww.gsa.gc	ov/liavei/pi	aii-book	/per-dien	II-Iales									
FMPI OY	EE SIGNA	ATURE				DATE					SUPERV	ISOR APP	ROVAI	DATE
			naltv of p	eriurv tha	at this is a		claim for n	ecessarv ext	enses in	curred b			it has been received on account the	

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and no payment has been received on account thereof. For Certificated Instructional Staff Members: I certify under penalty of perjury that expenses claimed for reimbursement will be completed successfully. I understand that if successful completion is not obtained, I will be required to reimburse the District for amounts advanced under the Professional Growth Initiative. I further understand that I am obligated to inform the District if courses are not completed successfully.

Rev. 5/2023

^{**}Reimbursement forms are to be turned in on a monthly basis and within 30-days of the incurred expense in order to be eligible for reimbursement.**

Ridgefield School District 122

NON TRAVEL REIMBURSEMENT CLAIM

HOME ADDRE	SS		MONTH/YR^ <u>ORIGINAL</u> T 	* <u>ORIGINAL</u> ITEMIZED receipt from vendor must be attache				
DATE	VENDOR	ITEM DESCRIPTION	PURPOSE	PURCHASE ORDER #	AMOUNT			
				Total				
EMPLOYEE SI	GNATURE	DATE	SUPERVISOR APPROVAL		DATE			

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and no payment has been received on account thereof. For Certificated Instructional Staff Members: I certify under penalty of perjury that expenses claimed for reimbursement will be completed successfully. I understand that if successful completion is not obtained, I will be required to reimburse the District for amounts advanced under the Professional Growth Initiative. I further understand that I am obligated to inform the District if courses are not completed successfully.

^{**}Reimbursement forms are to be turned in on a monthly basis and within 30-days of the incurred expense in order to be eligible for reimbursement.**