# LONGVIEW SCHOOL DISTRICT NO. 122
## OUT-OF- DISTRICT DETAIL OF TRAVEL EXPENSES

Employee Name _____        Work Site: _____

Address _____        City _____ State ____ Zip _____

Destination/Location: _____        Purpose of Trip: _____

Budget Code _____        Budget Code _____

<table>
<tr>
<td rowspan="5">
<strong><u>Employee Checklist</u></strong><br><br>
☐   Prior Approval of Travel Form attached.<br><br>
☐   Original receipts attached.<br><br>
☐   Reimbursement is signed by myself and authorized Administrator(s).<br><br>
☐   Internet map verification of mileage <em>(home or work site whichever is closer)</em> is included.
</td>
</tr>
</table>

**Travel notes for the employee:**
- Meals are reimbursable upon an overnight stay only.  For **out-of-state** travel, meals will be reimbursed according to the U.S. General Services Administration per diem rates, available at www.gsa.gov. For **in-state** travel, meals will be reimbursed according to the Office of Financial Management per diem rates, available at www.ofm.wa.gov.
- Each individual is to claim only his/her OWN expenses.
- Alcoholic beverages are not reimbursable.
- Receipts must be itemized.  Non-itemized receipts will not be reimbursed.
- Meals tips are included in the per diem rates, and must not exceed 15%.
- The District Travel Policy is available at www.longview.k12.wa.us, About Us, School Board and Policies, Policies and Procedures, Administration - Series 6000, 6213 and 6213P.

| Dates of Travel | | | | | | | |
|---|---|---|---|---|---|---|---|
| Personal Auto # of miles | | | | | | | |
| *Effective 1/1/2013, mileage rate is 56 cents per mile* | | | | | | | |
| Plane/Train/ Bus/Taxi/Shuttle | | | | | | | |
| Parking | | | | | | | |
| Hotel *(Do not claim if paid on District PO)* | | | | | | | |
| Breakfast *(Per Diem)* | | | | | | | |
| Lunch *(Per Diem)* | | | | | | | |
| Dinner *(Per Diem)* | | | | | | | |
| Other | | | | | | | |
| Specify Other here | | | | | | | |
| Daily Totals *(Auto-calculates)* | | | | | | | |

**TOTAL REIMBURSEMENT** _____

I hereby certify, under penalty of perjury, that this is a true and correct claim for materials furnished, necessary expenses incurred, services rendered, or the labor performed as described herein, and that the claim is a just, due and unpaid, obligation against Longview School District No. 122, and that no payment has been received by me on account thereof.

Employee Signature: _____ Print Name _____ Date _____

Supervisor Signature: _____ Print Name _____ Date _____

Program Signature: _____ Print Name _____ Date _____