

REIMBURSABLE TRAVEL EXPENSE FORM

NAME: _____

DATE: _____

ACTIVITY: _____

LOCATION OF ACTIVITY: _____

TRANSPORTATION:

Personal Vehicle Miles: (_____ miles) _____

Taxi Fares: _____

Other Fares: (*attach receipts*) _____

TOTAL TRANSPORTATION EXPENSES \$ _____

MEALS AND LODGING: (*meals only reimbursable if overnight stay required*)

Meals: _____ Breakfast (6:00am - Noon) \$7.00/meal (*Not reimbursable if travel begins after 7:00am*)

_____ Lunch (Noon - 6:00pm) \$10.50/meal

_____ Dinner (6:00pm - 12:00am) \$17.50/meal _____

Lodging: (*attach receipts*) _____

TOTAL MEALS AND LODGING \$ _____

MISCELLANEOUS EXPENDITURES:

Registration Fees: _____

Other: (*list/explain*)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

TOTAL ALL EXPENSES CLAIMED \$ _____

I, hereby certify that the itemized statement representing a claim for payment per diem, mileage, or travel expense or combination thereof, truthfully and accurately states the days of service, the miles traveled, and the purpose thereof; and that the amount of payment will not be duplicated from any other source.

Claimant's Signature: _____

Approved by: _____ (Supt. or Principal)