

## 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)