



Travel Reimbursement Form

THIS FORM PERTAINS TO EXPENSES PAID BY YOU ONLY

REIMBURSEMENT POLICY:

- * Receipts are required with approved form and must be Individual, Itemized, and Original.
- * All shared expenses must have a split bill with 2 receipts and must be submitted separately.
- * A google maps print out is required for all mileage reimbursements - Mileage is calculated at .67 per mile. Meals are reimbursed at \$65.00/Full Day plus 15% Tip Maximum.

Partial days will be reimbursed on a per meal basis.

Breakfast (per day): \$15.00 Max + Tip = \$17.25

Lunch (per day): \$20.00 Max + Tip = \$23.00

Dinner (per day): \$30.00 Max + Tip = \$34.50

No reimbursements for alcoholic beverages.

No reimbursements for any tips over the maximum of 15%

Print Employee Name: _____

Sharing/Rooming with: _____

School Site: _____

Conference/Event: _____

Dates of Conference: _____

Location of Conference: _____

Program to be charged: _____

							Total Cost	
Airfare:								
Hotel:								
Registration Fees:								
Daily Expenses	Day One:	Day Two:	Day Three:	Day Four:	Day Five:	Day Six:	Day Seven:	Daily Totals
# of Miles/Day:								
Taxi/Car Svs.:								
Parking/Tolls:								
Breakfast (Max \$17.35):								
Lunch (Max \$23.00):								
Dinner (Max \$34.50):								
Other:								
Total Expenses:								
Total Reimbursement Due:								

Employee Signature: _____

Employee Print Name/Title: _____

Admin's Authorizing Signature: _____

Print Authorizing Name/Title: _____

Date Signed/Submitted: _____

* Missing items will delay in reimbursement being issued.