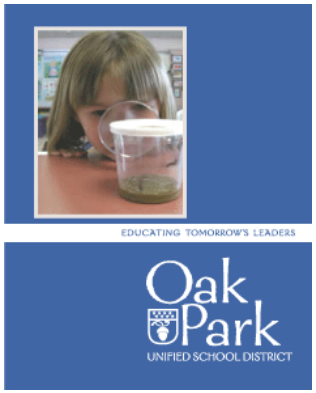
2017 Travel Reimbursement Form



Reimbursement Policy:

Individual, Itemized, Original Receipts are required with approved form.
Shared expenses need a split bill w/2 receipts + submit separately.
Mapquest is required for mileage reimbursements.

Meals are reimbursed at $65.00/Full Day plus 15% Tip Maximum.
Partial days reimbursed on a per meal basis.
Breakfast $15.00 Max + Tip = $17.25
Lunch $20.00 Max + Tip = $23.00
Dinner $30.00 Max + Tip = $34.50
No reimbursement for alcoholic beverages.

Print Employee Name:	
Sharing/Rooming with:	
School Site:	
Conference/Event:	
Dates of Conference:	
Location of Conference:	
Program to be charged:	

Expenses:	Expense Details/Dates					Cost	Subtotal Expense Amount
Airfare:							
Registration Fees:							
<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<Daily Costs >>							
DATES:	Day One:	Day Two:	Day Three:	Day Four:	Day Five:		
# of Miles/Day:						Total Miles x $0.535 0.00	0.00
Taxi or Car Svs.							0.00
Parking/Tolls:							0.00
Hotel:							0.00
Breakfast - Max $17.25							0.00
Lunch - Max $23.00							0.00
Dinner - Max $34.50							0.00
Substitute if needed:							0.00
Other:							0.00

Employee Signature:	
Print Name /Title	
Administrator's Authorizing Signature:	
Print Authorized Signer's Name/Title:	
Date Signed/Submitted:	

Total Expenses	$ 0.00
Less Prepaid by District	
Total Reimbursement Due	

Internal Use Only

Amount Paid	Check No.	Date