

## TRAVEL EXPENSE/REIMBURSEMENT REPORT

NAME: \_\_\_\_\_ SITE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 EVENT NAME: \_\_\_\_\_ EVENT DATES: \_\_\_\_\_  
 EVENT LOCATION: \_\_\_\_\_ DEPART DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

Please explain the purpose of this conference/trip and how it benefits Hilldale Public Schools:

### Instructions:

1. Conference **AGENDA** must be attached.
2. Check the appropriate box for traveling **half day** or **full day**.
3. Check your Per-diem rates at - [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem) by city, for **CURRENT FISCAL YEAR**.
4. Check appropriate box for each day that meals were provided by conference-subtract from daily per-diem.
5. Mileage-must have prior approval from administrator to use personal vehicle

### Reimbursable expenses:

List Each Day of Travel	8:00-5:00 Is Considered Full Day		MEALS: Check meals provided by conference and subtract from per-diem rate.			PER-DIEM: Full/Half Day X Rate	MILEAGE FROM SCHOOL: PRE AUTHORIZED USE OF PERSONAL VEHICLE		
	DATE	FULL DAY	HALF DAY	BREAKFAST	LUNCH	DINNER	PER DIEM	DAILY MILEAGE	MILES X \$0.72.5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	#	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	#	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	#	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	#	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	#	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	#	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	#	\$
<b>TOTAL:</b>							<b>COLUMN A:</b>	<b>TOTAL:</b>	<b>COLUMN B:</b>
\$							\$	\$	\$

### Other reimbursable expenses: Signed receipts must be attached

	Hotel: \$
	Auto Rental/Taxi/Uber: \$
	Airfare: \$
	Parking/Tolls: \$
	Other: \$
<b>COLUMN C: \$</b>	

**TOTAL REIMBURSED - A+B+C = \$**

Employee Signature: _____	Date: _____
Site Admin Signature: _____	Date: _____
Superintendent Signature: _____	Date: _____