

TRAVEL EXPENSE/REIMBURSEMENT REPORT

NAME: _____ SITE: _____ DATE: _____

EVENT NAME: _____ EVENT DATES: _____

EVENT LOCATION: _____ DEPART DATE: _____ RETURN DATE: _____

Please explain the purpose/benefits of this conference/trip _____

Instructions: PLEASE READ

1. Conference **AGENDA MUST BE ATTACHED BEFORE** payment will be issued.
3. Check your Per-diem rates at - www.gsa.gov/perdiem by city, for **CURRENT FISCAL YEAR** and **ATTACH**.
2. Check the appropriate box for traveling **HALF DAY** or **FULL DAY**.
4. Check appropriate box each day that meals were provided to you & subtract from daily per-diem.
5. Mileage-must have prior approval from administrator to use personal vehicle

Reimbursable expenses:

List Each Date of Travel	8:00-5:00 Is Considered Full Day		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 \$0.76
	☐	☐	☐	☐	☐	\$	#	\$
	☐	☐	☐	☐	☐	\$	#	\$
	☐	☐	☐	☐	☐	\$	#	\$
	☐	☐	☐	☐	☐	\$	#	\$
	☐	☐	☐	☐	☐	\$	#	\$
	☐	☐	☐	☐	☐	\$	#	\$
	☐	☐	☐	☐	☐	\$	#	\$
A - PER-DIEM TOTAL						B - MILEAGE TOTAL		
\$						\$		

Other reimbursable Expenses: Signed receipts must be attached

	Hotel:	\$
	Auto Rental/Taxi/Uber:	\$
	Airfare:	\$
	Parking/Tolls:	\$
	Other:	\$
C - OTHER EXPENSE TOTAL		\$

GRAND Total of Reimbursement = A+B+C: \$

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