

TRAVEL EXPENSE/REIMBURSEMENT REPORT

NAME: _____ SITE: _____ DATE: _____

EVENT NAME: _____ EVENT DATES: _____

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

Please explain below 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 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 \$0.70
	<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"/>	\$	#	\$
TOTAL:						COLUMN A: \$	TOTAL:	COLUMN B: \$

Other reimbursable expenses: Signed receipts must be attached

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

TOTAL REIMBURSED - A+B+C = \$

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