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 $0.725**
	☐	☐	☐	☐	☐	$	#	$
	☐	☐	☐	☐	☐	$	#	$
	☐	☐	☐	☐	☐	$	#	$
	☐	☐	☐	☐	☐	$	#	$
	☐	☐	☐	☐	☐	$	#	$
	☐	☐	☐	☐	☐	$	#	$
	☐	☐	☐	☐	☐	$	#	$
						A - PER-DIEM TOTAL	**B - MILEAGE TOTAL**	
						$		$

Other reimbursable Expenses: Signed receipts must be attached	
Hotel:	$
Auto Rental/Taxi/Uber:	$
Airfare:	$
Parking/Tolls:	$
EXPLAIN OTHER: _____ Other:	$
C - OTHER EXPENSE TOTAL	$

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

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