



TRAVEL REIMBURSEMENT FORM

This form is to be submitted to your Supervisor following the event to secure reimbursement and should be submitted no later than **sixty (60) days from the date of the first event**. Individuals should try to share a room whenever possible. The Board will reimburse approved travel at Board approved-IRS rate per mile. Itemized receipts are required for registration, parking, lodging, meals, and miscellaneous items. Please check Policy #3243 if you have questions.

MONTH and YEAR			NAME				
PROGRAM		PO #	Balance		Close PO?	Yes	No
Date	Destination	Purpose	Registration	Meals*	Hotel*	Misc*	Mileage

TOTAL REGISTRATION

TOTAL MEALS*

TOTAL HOTEL*

TOTAL PARKING & MISC.

PERSONAL VEHICLE MILES
@ \$.56/mi

TOTAL REIMBURSEMENT DUE

STAFF MEMBER

_____ Date

SUPERVISOR

_____ Date

DIRECTOR

_____ Date

SUPERINTENDENT

_____ Date

***ITEMIZED RECEIPTS ARE REQUIRED**