Standard Invoice for Travel Expense

		complete a	II reques	ted informat	Please complete all requested information to expedite your reimbursement.	r reimburser	nent.
Org	Project						
Name Chuck Adams	_ ☐ Board Member ☐ Employee ☐ Itinerant Employee	r 🗆 Empl	oyee \square	Itinerant En	ployee Date Submitted	nitted	
Home Address	City				1	ZIP	
Times	The second second						
DATE Depart Return LOCATION/PURPOSE	# of Miles \$ Amount	Yes No	No	Lodging	REGISTRATION	OTHER	TOTAL
6/18 9:00 4/20 Conferences	240	1		10,046 tt			
Ovec Suramer Institut	\						
KASS Summer (on)							
Bouling Gray							
TOTALS							
					GRAND TOTAL:	TAL:	
Overnight stay is required for meal reimbursement. Meals will be reimbursed at the per diem rate established by the Board.	ent. Meals will be rei	imbursed a	it the per	diem rate es	tablished by the Bo	ard.	
Mileage will be reimbursed at 40¢ per mile. Please attach your Mapquest and all receipts for required).	se attach your Mapq	uest and a	ll receipt	s for expense	expense reimbursement. (meal receipts not	eal receipts	not
(land the	(8/28/	1					
Employee's Signature	Date (Sup	erintendent/1	Superintendent/Designee's Signature	Date	,,,
Office use: # of Breakfast@ \$ #	# of Lunch 2 @\$		# of Dinner	er 1 @\$			
Total Meal Reimbursement \$							

Travel Request Form

NAME Chuck Adam	5			
☐ Board Member	Employee	☐ Other, as speci	fied	
School/Work Site	Conference/V			
Date(s) 4 18 2014 Departure	100 AA	Vorkshop <u>OVEC SU</u> Neturn Time 5 100 k	CASS SCA	mmer Con
Rationale for Attendance:	•			_
Expenses paid by: Individual	☐ Board	☐ Special Education	\square KEA	□ Co-op
☐ School Council ☐ C	ther, as specified		10-	
Substitute Needed?	DNO.	☐ Yes Number of Days	s	
Registration Reimbursement Requeste				
Estimated Mileage Total Miles:	240 Tot	tal Cost \$ N/A		
Mileage will be reimbursed at	10¢ per mile.			
Lodging Reimbursement Requested	□ No 🗗 Ye	s		
Amount per night 240, 61	Regular Rate	e □ Business Rate ☑ Confe	erence Rate	
The District will not reimburse				
Meals Reimbursement Requested:	□No □ Ye			
Per diem	rates: Breakfast \$9	9; Lunch \$14; Dinner \$23		
Overnig	ht stay is required	for meal reimbursement.		
Meal limits do not include gratuities. The meal charge. Receipts required for <i>all</i> exp	e District will not seenditures except for	reimburse employees for g or meals which are paid on	a per diem ba	asis.
After Conference/Workshop, turn in e Travel Voucher Form (03.125 AP.22) a	xpenses for regist nd attach receipts	ration, lodging, meals, ar s, as appropriate, within o	nd other rela one (1) week	ted charges on a of travel.
Muloste	nt's Signature		Cd 2	3/14
Superintend	ent/Designee's Sig	gnature	Dat	e
			Review/Re	evised:8/26/13