## Standard Invoice for Travel Expense

							mbursement \$	Total Meal Reimbursement \$	
Review/Revised:08/26		1 @\$ 2300	nner 1	_ # of Dinner _	_@ \$	# of Lunch		e: # of Breakfast	Office use:
Date	Signature	Superintendent/Designee's Signature	iperintenden	18		Date	nature	Employee's Signature	
(0/12/15)			lack			96/1	SEO	May 1	
Mileage will be reimbursed at 40 per mile. Please attach your Mapquest and all receipts for expense reimbursement (meal receipts not required).	ment (meal	se reimbursei	ts for expens	d all receip	apquest an	ease attach your Mi	40gper mile. Pl	Il be roimbursed at	Aileage/wi
l plus 20% for tips.	y the Board	established by	r diem rate	ed at the pe	reimburse	Overnight stay is required for meal reimbursement. Meals will be reimbursed at the per diem rate established by the Board plus 20% for tips.	meal reimburse	stay is required for	Overnight
GRAND TOTAL: 14.89	GRANI								
						TOTALS		·	
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		,			`			193	
23.00 a3.00			·			N	\$ 10/s		
Diviner 141.89		141.89			B	FIF ANG	exmoter.		110/15
OTHER TOTAL	TION	LODGING	Yes No	\$ Amount	# of Miles	LOCATION/PURPOSE	LOCAHO	Depart Return	DAIR
	REGISTRA-		OVERNIGHT	SAGE	MILEAGE		•	TIME	
	ZIP	, State	,			City_		ress	nome Address
ed	Date Submitted		Itinerant Employee	nployee 🗆	ber 🗌 En	Board Member	Supply	Morrie	Name
						509/	R		"Robert State of the State of t
ENT.	BURSEM	TO EXPEDITE YOUR REIMBURSEMENT.	ITE YOU	EXPED	TO	Project	Object	Obj	$\operatorname{Org}$
ALL REQUESTED INFORMATION	ESTED I	L REQUI	LETE AL	PLEASE COMPLETE	PLEASI	· K	580	11615-09	00