PERSONNEL

03.125 AP.22

Standard Invoice for Travel Expense

PLEASE COMPLETE ALL REQUESTED INFORMATION TO EXPEDITE YOUR REIMBURSEMENT.

Org **Object** **Project**

Name [signature] ☐ Board Member ☐ Employee ☐ Itinerant Employee **Date Submitted** _____

Home Address _____ **City** _____, **State** _____ **ZIP** _____

DATE	TIME		LOCATION/PURPOSE	MILEAGE		OVERNIGHT		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	$ Amount	Yes	No				
7/29			KASA; Louisville							12.00	
8/2			Louisville; FFA Awards							18.00	
			TOTALS								
										GRAND TOTAL:	30.00

Overnight stay is required for meal reimbursement. Meals will be reimbursed at the per diem rate established by the Board plus 20% for tips.

Mileage will be reimbursed at 40¢ per mile. Please attach your Mapquest and all receipts for expense reimbursement (meal receipts not required).

[signature] 8/24/15

Employee's Signature *Date* *Superintendent/Designee's Signature* *Date*

Office use: # of Breakfast _____@ $_____ # of Lunch _____@ $_____ # of Dinner _____ @$_____ Review/Revised:08/2(

Total Meal Reimbursement $_____