

DRAFT (/22/17)

03.125 AP.22

PERSONNEL

Travel Expense Report

Name: _____
Location: _____
Conference or Meeting Title: _____
Date(s) of Trip: _____
Location of Trip: _____
Funding Source: _____
Per Mile _____
Reimbursement: \$0.40
Total Reimbursement Due: _____

The person submitting this report is responsible for the following:

*Paying All Expenses-
*Obtaining Receipts for any expenses that require a receipt
*Filing this detailed accounting
*Submitting hotel receipts is required anytime you spend the night

*MEALS ARE PER DIEM

Date of Expenses (00/00/00)	Breakfast (\$10)	Lunch (\$10)	Dinner (\$20)	Miles Per Day	Mileage Reimbursement	Other Travel Expenses	Total Expenses
					\$0.00		\$0.00
					\$0.00	USE TABLE	\$0.00
					\$0.00	BELOW	\$0.00
					\$0.00	FOR OTHER	\$0.00

MUST PROVIDE RECEIPTS FOR OTHER EXPENSES
*DATES MUST MATCH THE RECEIPTS *

Itemized Expenses or Description of "Other" (1 Expense Per line)

Date of Expenses (00/00/00)	Description	Amount
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
	Total of Other Travel Expenses	\$0.00

Applicant's Signature: _____ Date: _____

Funding Source Director Approval: _____ Date: _____

The person submitting this report is responsible for paying all expenses, obtaining receipts for all expenses, and filing this detailed accounting. Except for meals, which are paid on a per diem basis, receipts must be attached to this report. Reimbursement will not be made for expenses that do not include a receipt.

Expense Report for: _____ **School:** _____

Purpose of Trip: _____

Location (City/State): _____ **Total Mileage** _____

Date(s) of Trip: From: _____ **To:** _____ **Expenses Of:** _____ **Person(s)**

Authorized By: _____ **Charge To:** _____

(Professional Development, Gifted, S-T-W, Technology, TECH Prep, General Fund, Etc.)

*Daily Meal Limit is \$40.00

(Meals are only reimbursed with an overnight stay.)

Enter Date								
	Sunday	Monday	Tuesda y	Wednesday	Thursda y	Friday	Saturday	Total
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Mileage At _____ Mile								
Plane Fare (standard- coach)								
Bus Fare								
Taxi								
Lodging (standard- room- /conference- rate)								

Formatted: policytext, Space After: 0 pt

Formatted: policytext

Formatted: policytext, Indent: Left: 0", Tab stops: Not at 3.63"

Formatted: policytext

Formatted: policytext

Formatted: policytext, Left

Formatted: policytext

Formatted: policytext, Left

Formatted: policytext

Formatted: policytext

Formatted: policytext

Formatted: policytext

Formatted: policytext

Breakfast- \$10.00*								
Lunch- \$10.00*								
Dinner- \$20.00*								
Tips								
Registration Fees								
Material								
Meals for Others								
Misc.								
TOTAL								

Less Board PO's _____

Less Board Credit Card _____

Balance due employee _____

I certify the foregoing to be a true, correct, and accurate statement of expenses incurred by me for the activity covered by and during the period shown in this Report.

Employee Signature _____ Date _____

Approval _____ Date _____

Formatted: policytext

Formatted: policytext

Formatted: policytext

Formatted: policytext

Formatted: policytext

Formatted: policytext

Formatted: policytext

Formatted: policytext

Formatted: policytext

Formatted: Space After: 6 pt, Tab stops: Not at 2"

Formatted: policytext, Space After: 0 pt

Formatted: policytext, Tab stops: Not at 3.5"

Formatted: policytext, Tab stops: Not at 3.56"