# PERSONNEL 03.125 AP.21

Trip Reimbursement Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 Gallatin co. Bd. of Educ. | | 🞏 Gallatin Co. Middle School | | 🞏 School Nutrition | |
| 🞏 Gallatin Co. Elementary | | 🞏 Gallatin Co. High School | | 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 🞏 Gallatin Co. Upper Elem. | | 🞏 Bus Garage | |  | |
| **Activity (Please check one)** | | | | | |
| 🞏 Activity-Elementary | 🞏 ESS | | 🞏 Migrant | | 🞏 Title IV |
| 🞏 Activity Upper Elem. | 🞏 Family Resource Ctr. | | 🞏 Perkins | | 🞏 Title V |
| 🞏 Activity Middle Sch. | 🞏 School Nutrition | | 🞏 Preschool | | 🞏 Transportation |
| 🞏 Activity High Sch. | 🞏 Gifted & Talented | | 🞏 Prof. Development | | 🞏 WIA |
| 🞏 Alternative School | 🞏 IDEA BASIC | | 🞏 Tech. Prep | | 🞏 Youth Service Ctr. |
| 🞏 Board | 🞏 IDEA Preschool | | 🞏 Textbooks | | 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞏 Bus Maintenance | 🞏 KETS | | 🞏 Title I | |  |
| 🞏 Custodial | 🞏 Maintenance | | 🞏 Title II | |  |

(Any use of Professional Development funds requires a copy of your Growth Plan or Consolidated Plan component attached.)

Budget Code: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

(Org) (Obj) (Proj)

Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vendor No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Conference (or Meeting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Conference (or Meeting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Conference (or Meeting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I | Rooms: | Date | Rate |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \*Total for Rooms: | $ \_\_\_\_\_\_\_\_\_\_\_ |
| II | Meals: | Number of Meals | \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \*Total for Meals | $ \_\_\_\_\_\_\_\_\_\_\_ |
| III | Mileage: | Number of Miles | \_\_\_\_\_\_\_\_\_\_\_\_\_ | X $.\_\_\_ | \*Total for Mileage | $ \_\_\_\_\_\_\_\_\_\_\_ |
| IV | Conf. Fees |  |  |  | \*Total for Fees | $ \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  | \*Total Amount Due | $ \_\_\_\_\_\_\_\_\_\_\_ |

Approvals

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Denied for following reason(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review/Revised:1/25/2015