Travel Reimbursement/Purchase Claim and Guidelines

NAME: A. Harrell 10870 POSITION: _____

SCHOOL/LOCATION: CO DATE: 7/28/25

REASON FOR TRAVEL: KASA Conference

A. TRAVEL TO APPROVED CONFERENCES AND MEETINGS

Date	Conference/Meeting & Location	Number of miles (Reimbursed at State rate)	Meals $30 day per diem (Receipts not required)	Other (explain on back)	Room	Reg. Fees	Parking/ Tolls*	Total
7/22	KASA	325	$90.00					317.50
7/25	Louisville							
	Section A – Sub Totals							
							TOTAL A	317.50

*Tolls (none for District vehicles being operated in state in an official capacity)

B. OTHER APPROVED TRAVEL

Date	Person/Place Visited	Purpose of Trip	Other (explain on back)	Number of Miles	Parking and/or Tolls*	Total
	Section B – Sub Totals					
					TOTAL B	

Employee's Signature A Harrell TOTAL 317.50

Supervisor's Signature _____