

**REIMBURSEMENTS ARE DUE WITHIN 10 DAYS OF RETURN**

- Form must be typed or written in ink (pencil copies will not be accepted)
- Workshop/meeting agendas must be attached
- Printed directions from duty station to event site must be attached
- Original receipts for hotel, parking, registration fees, etc. are required

Payee's Name: \_\_\_\_\_ Purpose of Travel: \_\_\_\_\_

Payee's Address: \_\_\_\_\_

Budget Code: \_\_\_\_\_ Total Reimbursement (A+B+C): \_\_\_\_\_

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*Payee's Signature*                                  *Date*                          *Supervisor's Signature*                                  *Date*

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*Funding Authorization*                          *Date*                          *Director of Finance's Signature*                          *Date*

*Date of Departure:* \_\_\_\_\_                          *Time of Departure:* \_\_\_\_\_          *AM PM*

*Date of Return:* \_\_\_\_\_                          *Time of Return:* \_\_\_\_\_          *AM PM*

**A. SUBSISTENCE:**

DATE						Total
Breakfast (\$10.10)						
Lunch (\$13.30)						
Dinner (\$23.10 –In State) (\$26.30 – Out of State)						
Hotel						
Parking						
Other*						
<b>TOTAL</b>						

**B. \*OTHER (Explanation, Original Receipt Required & Amount Entered in Above**

**Table):** \_\_\_\_\_

"This instrument has been pre-audited in the manner required by the School Budget and Fiscal Control Act."

\_\_\_\_\_  
Signature of Finance Officer

**C. MILEAGE** (Printed directions are required in addition to this form.)

DATE	FROM/TO	PURPOSE	# OF MILES
<b>Total Miles Traveled</b>			

*Effective 1/1/2025*

Total number of miles \_\_\_\_\_ \* .70 (current mileage rate) =Total Reimbursement \$ \_\_\_\_\_