**Travel Reimbursement Request**

Employee Destination

Departure Date Return Date

Purpose of Trip (Conference, workshop, etc.)

**Expenses**

**Transportation:**

 **@ $.555 per mile**

**Total Transportation: $**

**Meals: \_ days @ $25.00**

**(This expense is reimbursed for overnight trips only unless otherwise stipulated.)**

**Total Meals: $**

**Lodging:**

 **nights for 1 person @ $**

**Total Lodging: $**

**Total Expenses: $**

Employee’s Signature Date

Superintendent’s Signature Date