

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