

TRAVEL REIMBURSEMENT FORM

Employee/Vendor : _____
 Street Address : _____
 City, State, Zip Code : _____
 Purpose of Travel : _____

Date _____
 PV # _____
 Vendor # _____

Itemized ORIGINAL receipts are required, (meals included - **NO alcohol**)

Date		Registration-Conference				Amount	TOTAL
						\$ -	
						\$ -	\$ -
Date		Air Travel Expense				Amount	
						\$ -	
						\$ -	\$ -
Date		Lodging Expense				Amount	
						\$ -	
						\$ -	\$ -
Meal Expense							
Dates						Amount	
Breakfast Max \$15						\$ -	
Lunch Max \$ 18						\$ -	
Dinner Max \$ 30						\$ -	\$ -
Mileage Expense							Amount
Dates	4/12/23						
# of Miles							
Mileage Amount	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental Car, Parking, Toll							
Description	Dates					Amount	
						\$ -	
						\$ -	
						\$ -	\$ -
Other Reimbursements							Amount
Dates	Description	Educational Purpose					
						\$ -	
						\$ -	\$ -
TOTAL REIMBURSEMENT							\$ -

Budget Code FORMAT	Fund	Res	Yr	Goal	Func	Object	Loc	BA	DDF	Amount	Check Diff.
	XX-	XXXX-	X-	XXXX-	XXXX-	XXXX-	XXX-	XX-	XXX		
Line # 1											\$ -
Line # 2										\$ -	Budget/Audit INIT / DATE
Line # 3									\$ -		
Line # 4									\$ -		
									\$ -		

 Employee Signature/Date

 Budget Administrator (BA)

 Supervisor (if other than BA)

 Deputy Superintendent (over \$1,500)

