



Travel Request and Reimbursement Form

This form must be submitted to Central Office and a Professional Development Leave submitted (attendance at a professional development event that occurs during a non-attendance, weekday, will be reimbursed at the current sub rate with prior administrative approval). Any increase in amounts claimed must be approved by the administrator. After the trip has been made, the employee must complete this form by adding the actual expenditures and attaching receipts that reflect all totals. Receipts must be itemized (alcohol is not a reimbursable expense). This form must be completed and signed by the employee and the administrator prior to reimbursement.

Name	School	Date
Event		Date(s)

	Anticipated Cost	Amount Claimed
1. Registration		
a. Issue requisition; Central Office will pay directly; 2-week notice required		
b. If employee pays directly, expense will be reimbursed.		
2. Transportation		
a. Issue requisition (airline, train, etc.); Central Office will pay directly; 2-week notice required		
b. Personal car (IRS rate x miles; reimbursed only if District car is not available)		
c. District car (no reimbursement)		
3. Hotel		
a. Requisition; Central Office will pay directly		
b. If employee pays directly, expense(s) will be reimbursed		
Name of Hotel: _____		
Number of Nights: _____		
4. Meals (maximum daily allowance of \$50.00; tips should not exceed 18% per meal)		
Date _____ Breakfast _____ Lunch _____ Dinner _____		
Date _____ Breakfast _____ Lunch _____ Dinner _____		
Date _____ Breakfast _____ Lunch _____ Dinner _____		
Date _____ Breakfast _____ Lunch _____ Dinner _____		
Date _____ Breakfast _____ Lunch _____ Dinner _____		
Date _____ Breakfast _____ Lunch _____ Dinner _____		
5. Other Expense(s)		
Describe, itemize and attach receipts for parking, transit, cash paid for gas, etc.		
TOTAL(S)		

Employee Signature _____ Date _____

Central Office Use Only

Code # _____ - _____ - _____	Vendor # _____
Reimbursement is approved in the amount of \$ _____	Administrator Signature _____
Approved for Payment _____	Administrator Signature _____