

Travel Reimbursement Request

Name: _____ Date: _____

Address: _____

Reason for Travel: _____

Date(s) of Travel: _____

Travel

Miles Driven: _____ x \$.52 per mile (subject to change)	\$ _____
Airfare: (attach receipt)	\$ _____
Other (explain and attach receipts) _____	\$ _____
Total Travel	\$ _____

Per Diem

Employee # of days ____ @ \$58.00/day	\$ _____
Other (explain and attach receipts) _____	\$ _____
Total Per Diem	\$ _____

Lodging

Hotel/Motel (attach receipts)	\$ _____
Other (explain and attach receipts) _____	\$ _____
Total Lodging	\$ _____

Tuition

Semester Hours _____ (attach copy of transcript)	\$ _____
Other (explain and attach receipts) _____	\$ _____
Total Tuition	\$ _____

Misc.

_____	\$ _____
_____	\$ _____
Total Misc.	\$ _____

TOTAL EXPENSE:	\$ _____
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Signed _____
Teacher

Superintendent