

FORM 2



TRAVEL EXPENSE REIMBURSEMENT FOR EMPLOYEES

Name _____ Date _____

Name of Meeting or Conference _____

Place of Meeting or Conference _____

Date of Meeting or Conference: From _____ To _____

ITEMIZED STATEMENT OF TRAVEL EXPENSE

Account code for expenditures: _____

Is this federal travel? Yes _____ No _____ If yes, Director must sign below.

1. Transportation (only one option should be chosen)

_____ For travel in personal vehicle & school vehicle NOT available - _____ miles x .67 \$ _____

_____ For travel in personal vehicle & school vehicle WAS available - _____ miles x .21 \$ _____

_____ Fuel expenses for travel in a district owned vehicle - attach receipts \$ _____

2. Meals for overnight travel (max of \$59 .00 per night) - attach receipts \$ _____

3. Lodging (if not prepaid by the District) – attach invoice \$ _____

4. Railroad, airplane or bus fare - attach stubs or tickets \$ _____

5. Taxi - attach receipts \$ _____

6. Other Expenses - Attach receipts and explanations \$ _____

_____ \$ _____

_____ \$ _____

Total Expenses \$ _____

I certify that the above expenses were incurred in the performance of official business.

Employee's Signature

Date

Approved by Principal or Supervisor

Approved by Superintendent

Federal Program/IDEA Director Approved (if necessary)