

PARK COUNTY SCHOOL DISTRICT NO 6
 District Administration Office
 919 Cody Avenue – Cody, WY 82414 307-587-4283

TRAVEL REPORT / CLAIM FOR TRAVEL REIMBURSEMENT – GENERAL WYOMING

Name _____ Address _____ School _____

Destination _____ Business Purpose of Travel _____ per diem rate \$ _____

Were you required to stay overnight? _____ yes (OVERNIGHT TRIP) _____ no (DAY TRIP)

Actual Depart Date _____ Time _____ am _____ pm Actual Return Date _____ Time _____ am _____ pm

MILEAGE: No mileage claimed, I used District vehicle # _____

No mileage claimed, a vehicle was rented for me _____

I used my personal vehicle _____ Mileage: _____ @\$.67/mile = Total \$ _____

MEALS & INCIDENTALS EXPENSE (M&IE): See www.gsa.gov for M&IE for area you traveled to.

DAY	DATE	BREAKFAST \$13 WY	LUNCH \$15 WY	DINNER \$26 WY	MISC \$5 WY	PER DIEM	LODGING	DAILY TOTAL
SUN								
MON								
TUES								
WED								
THURS								
FRI								
SAT								

Please attach conference documentation (ie agenda). Claims without documentation will not be processed.

TOTAL REIMBURSEMENT \$ _____
 (Daily Totals + Mileage)

Principal/Supervisor Signature _____ BUDGET CODE _____

1. It is the responsibility of the traveler to read and understand Park County School District No 6's Travel Guidelines.
2. All Reimbursed Day Trip travel, which is a fringe benefit to the employee, will be taxed as such and remitted to you in your monthly paycheck.
3. Trips which require an overnight stay are not taxable income to the employee and payments will be issued each Thursday.
4. Per diem rates for the day departing and the day returning are 75% of daily rate.
5. You need not submit meal receipts. Receipts for lodging and miscellaneous items must be submitted with this report.

PLEASE SIGN AND RETURN FOR PAYMENT

I certify, under penalty of perjury and subject to the provisions of WS 6-5-303 and its penalties, that the foregoing claim is a true and just record of necessary expenses paid by me while on official school business and for which I am legally entitled to reimbursement by PCSD No. 6. I do further certify that no part of the foregoing claims has been paid by PCSD No. 6 or any other source.

Dated _____ Signature of Claimant _____