



## TRAVEL REIMBURSEMENT

The Lauderdale County Department of Education will reimburse travel and other related expenses using the criteria below:

1. All travel reimbursement must be submitted on the district's **Travel Report** form and signed by the party claiming reimbursement and appropriate supervisor.
2. Mileage will be reimbursed at the state rate of \$0.67 per mile. Standard mileage amounts will be used between these common destinations:

Ripley – Dyersburg	26
Ripley – Halls	17
Ripley – Jackson	49
Ripley – Nashville	174
Ripley – Memphis	55
Ripley – Murfreesboro	206
Halls – Dyersburg	12
Halls – Jackson	49
Halls – Nashville	174
Halls – Memphis	72
Halls – Murfreesboro	206

3. Hotel or lodging will be reimbursed at the lowest room rate available where the conference or event is held. A receipt is required for hotel and parking expenses. Charges for phone calls, movies, room service and other optional items are not reimbursable.
4. Reimbursement for meals will be made **ONLY** when overnight travel is required outside the county of the employee's official station or resident. Reimbursement is not allowed for meals provided. Meal reimbursement rates are:

Breakfast	\$ 13.00
Lunch	\$ 15.00
Dinner	\$ 26.00

5. Receipts are required for any other travel expenses not addressed in these procedures but are a necessary part of the trip.
6. Personnel must be authorized in advance of each trip by the Superintendent or designee to be eligible to claim reimbursement. This includes supervisory staff, school administrators, teachers, and classified personnel who plan to attend an event or travel in their personal vehicles on behalf of the school district.



# TRAVEL REPORT

PERSON \_\_\_\_\_ LOCATION \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Refer to TRAVEL REIMBURSEMENT PROCEDURES for instructions.

Date	Purpose, place, person(s) contacted	Mileage	Time Left	Time Returned	Breakfast	Lunch	Dinner	Lodging

<b>TOTALS</b>								
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\_\_\_\_\_  
Fund/Account

Total Official Mileage for Month \_\_\_\_\_

Current Rate for Mileage x .67

Amount Claimed for Mileage + \_\_\_\_\_

\_\_\_\_\_  
Fund/Account

Amount Claimed for Lodging + \_\_\_\_\_

Amount Claimed for Meals + \_\_\_\_\_

Miscellaneous expenses + \_\_\_\_\_

**TOTAL AMOUNT DUE** \_\_\_\_\_

**NOTE: ATTACH ALL REQUIRED RECEIPTS.**

**I CERTIFY THE ABOVE TO BE A CORRECT STATEMENT OF MY MILEAGE AND ELIGIBLE RECEIPTS FOR THE TRAVEL COVERED BY THIS REPORT.**

**EMPLOYEE SIGNATURE** \_\_\_\_\_

**SUPERVISOR SIGNATURE (if required)** \_\_\_\_\_

**DIRECTOR OF FINANCE SIGNATURE** \_\_\_\_\_

**SUPERINTENDENT’S SIGNATURE (if required)** \_\_\_\_\_