

**Authorization & Reimbursement
Travel Request 2024
Siuslaw School District 97J**

Person Requesting Reimbursement: _____

Date(s) of Meeting: _____

Purpose of Travel: _____

Location of Meeting: _____

District Personnel Attending (riding with you): _____

Option 1 ☐ District vehicle used - see Transportation Department on district website for vehicle request form.

Option 2 ☐ District vehicle is not available, attach denial from Transportation. Reimbursement will be at the current *IRS* rate (.67 cents per mile).

Option 3 ☐ District vehicle is available, but using private vehicle as approved by building administrator. Reimbursement will be at .37 cents per mile.

Administrator Authorization: _____ DATE: _____

Budget #: _____ / _____ Example: (100-1234-656-000-000/342)

Employees must have the authorization of your budget administrator prior to incurring any expenses in association with district business.

Mileage request (see reverse side for round trip mileage) _____

Option 1 District vehicle is available, but approved to use private vehicle
Miles _____ X .37 = **Total Mileage Expense** \$ _____

Option 2 District vehicle is not available
Miles _____ X .67 = **Total Mileage Expense** \$ _____

Meal request (meals included with registration are *not* reimbursable). Please indicate which meal(s) you purchased during your authorized event. ***Itemized receipts are required.*** Alcohol listed on receipt will void entire reimbursement.

All meals that do not include an overnight stay will be taxed through payroll. Provide itemized receipt(s).

Travel begins by 6:00 a.m. and ends after 9:00 a.m. Breakfast (\$14.00) \$ _____

Travel begins by 11:00 a.m. and ends after 2:00 p.m. Lunch (\$16.00) \$ _____

Travel begins by 4:00 p.m. and ends after 7:00 p.m. Dinner (\$29.00) \$ _____

Total Meal Expense \$ _____

**For Out-of-State Travel, please see District Policy DLC-AR for current rates.*

Lodging request (Itemized bill is required - please attach)

Number of Nights: _____ Cost: _____ \$ _____

Other Expenses (explain): _____ \$ _____

Total Other Expenses \$ _____

Total All Expenses \$ _____

Signature: _____ Date: _____

By signing the above reimbursement affidavit, the district employee asserts that the expenses were incurred while traveling on pre-approved district business.

	<u>One Way</u>	<u>Round trip</u>
Ashland	208	416
Bandon	73	146
Banks	180	360
Bend	180	360
Brookings	156	312
Central Lynn	90	180
Coos Bay	51	102
Corbett	193	386
Corvallis	90	180
Cottage Grove	85	170
Coquille	68	136
Creswell	74	148
Dallas	122	244
Douglas	105	210
Elkton	64	128
Elmira	50	100
Eugene/Lane ESD	60	120
Gardiner	20	40
Gold Beach	127	254
Harrisburg	68	136
Junction City	65	130
Klamath Falls	239	478
LCC/Eugene	64	128
Lincoln City	75	150
Mapleton	15	30
Medford	191	382
Millicoma	56	112
Monmouth	105	210
Murphey (Hidden Valley H.S.)	171	342
Myrtle Point	78	156
Newport	50	100
North Bay	38	76
North Bend	48	96
North Valley	165	330
Oakridge	115	230
Oregon City	164.5	329
Pleasant Hill	72	144
Portland	168	336
Powers	75	150
Reedsport	24	48
Riddle	135	270
Roseburg	85	170
Salem	125	250
Seaside	167	334
South Umpqua	110	220
Springfield	70	140
St. Helens	200	400
Sunset	54	108
Sutherlin	80	160
Tillamook	118	236
Toledo	60	120
Waldport	34	68
Willamette ESD-Salem	120	240
Wilsonville	147	294
Woodburn	137	274

- **The district does not reimburse for tips, alcohol, room service charges, personal phone calls, or charges incurred by a spouse accompanying along on trip. An itemized receipt is required for all reimbursements. Alcohol listed on meal receipt will void entire meal reimbursement.**