

OUT-OF-STATE TRAVEL EXPENSE FORM

EMPLOYEE NAME: _____

ACTIVITY: _____

DESTINATION: _____

DATE OF ACTIVITY: _____

beginning time of trip: _____ ending time of trip: _____

MEAL DETAILS: *(No receipt - no reimbursement. Receipts must be itemized.)*

DATE	BREAKFAST 12:01am-10:am (max \$13)	LUNCH 10:01am-3pm (max \$15)	DINNER 3:01pm-12am (max \$26)	TOTAL

EXPENSE SUMMARY: *(No receipt - no reimbursement. Receipts must be itemized.)*

MEALS (record total here) \$ _____

LODGING (max: \$83 + tax) \$ _____
*refer to 7336E for information re high cost cities.

MILEAGE _____ miles @ \$0.625 per mile \$ _____
*refer to district mileage list

OTHER TRANSPORTATION: specify _____ \$ _____

OTHER EXPENSES: specify _____ \$ _____

TOTAL \$ _____

I hereby certify that this is a true and correct claim for necessary expenses incurred and for which I have not been reimbursed in any form.

Signature

APPROVED BY:

Principal/Supervisor

Date

Superintendent

Date

budget code: _____ Vendor#: _____ Claim#: _____