Effective 9/18/2017

COMPENSATION AND BENEFITS: EXPENSE REIMBURSEMENT

_____ _____
Employee Destination

_____ _____
Departure Date Time Return Date Time

_____
Purpose of trip (conference, workshop, etc)

EXPENSES (Receipts attached)

Meals (only for full day workshops)

_____ Breakfasts @ $10.00 = $_____
_____ Lunches @ $10.00 = $_____
_____ Dinners @ $10.00 = $_____

Total meals $ _____

Lodging

_____ Nights for 1 person @ $ _____

Total lodging $ _____

Transportation (be sure to attach a map(ex. Mapquest) which documents miles travelled)

_____ Miles @ $0.50 per mile $_____
_____ Public transportation (air) $_____
_____ Parking $_____

Total transportation $ _____

Other Expenses

_____ Registration @ $_____
_____ Other @ $_____

Total other expenses $ _____

Total expenses $ _____

Total amount advanced by district $ _____

Total amount to be reimbursed to employee $ _____

_____ _____
Employee signature Date

_____ _____
Supervisor approval Date

_____ _____
Superintendent approval Date

Submit one copy to the supervisor who will forward it to the Superintendent or designee.