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	@ up to $10.00	= $_____
_____	Lunches	@ up to $10.00	= $_____
_____	Dinners	@ up to $15.00	= $_____

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.