YELLVILLE-SU.MMIT SCHOOL DISTRICT ·

TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1

DEPARTMENT:

NAME OF PAYEE:

RESIDENTIAL ADDRESS:

PURPOSE OF TRIP:

DEPARTURE DATE:

RETURN DATE:

PRIVATE VEHICLE LICENSE#:

DETAILED EXPENDITURES (OTHER THAN MILEAGE).						MILEAGE (BY PRIVATELY OWNED VEHICLE)				
DATE	NAME OF TOWN VISITED	PARKING FEES	MEALS	OTHER (EXPLAIN)	TOTAL PER DAY	FROM:	TO:	#OF MILES DRIVEN	X RATE PER MILE 0.52	MILEAGE CLAIMED
SUBTOTALS		$	$	$	$	MILEAGE TOTALS				$
					(a)					

SUMMARY (b)

TOTAL EXPENDITURES (a)$_____

TOTAL MILEAGE (b)$_____

TOTAL REIMBURSEMENT REQUESTED _____

SIGNATURE OF TRAVELER (DATE)

SIGNATURE OF SUPERVISOR (APPROVAL) (DATE)

CENTRAL OFFICE USE ONLy

DESCRIPTION	BUDGET UNIT	AMOUNT
		$
		$
		$
	TOTAL	$

NOTE: REIMBURSEMENTS FOR TRAVEL EXPENSES WILL ONLY BE PAID UPON PROPER RECEIPT OF REQUIRED DOCUMENTATION PER DISTRICT POLICY AND IEGISIATIVE AUDIT, INCLUDING ITEMIZATION OF A II RECEIPTS.

SUPERINTENDENT SIGNATURE (APPROVAL) {DATE)