Appendix A
Travel Reimbursement Form

Executive Approval Required if total exceeds $1000 including Lodging and/or Fare Expense

Name: _____ Department/School: _____

Travel Requisition No. : _____ Date: _____

Expenses: *When receipts are required (excluding per diem) they must add up for all expenses to be reimbursable.*

Trip Date	*Destination, Purpose, Description. Please provide conference name, as well as location[s] of conference, per diem, lodging, etc.*	*Actual Miles*	*Per Diem Amount*	*Lodging*	*Other Expenses*

Summary:

Total Miles:	_____	X .67	_____
Total Per Diem:			_____
Total Lodging:			_____
Other Expenses:			_____
Actual Expense Total:		=	_____

Final Approval

Account Manager or Principal Signature: _____ Date: _____

Executive or Superintendent Signature: _____ Date: _____

Account Codes

FD	PRJ	CC	PGM	FUNC	OBJ	ACTUAL
	TOTAL:					

**Please turn this form with supporting documentations to Supervisor

Revised 01-31-24