

2024 Expense Reimbursement Form

Employee Name: _____ Purchase Order #: _____
 Round-trip daily commute - # of miles: _____ Budget Code: _____
 Departure Date & Time: _____ Return Date & Time: _____
 Purpose of Trip: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Insert Dates								TOTAL
Registration/Tuition								
Meals & Incidentals <i>IRS per diem rate</i> https://www.gsa.gov/travel/plan-book/per-diem-rates								
Lodging								
Plane/Train								
Cab Fare								
Reimbursable Mileage / Reimbursement at IRS rate (67 cents)								
** Attach Mapquest or similar for distance traveled and daily commute **								
Parking								
Tolls								
Other								
TOTAL EXPENSES								

Please explain any unusual items: _____

Please ✓ check the boxes below verifying inclusion of:

☐ Itemized original receipts for all non-meal related expenses & proof of payment

☐ Copy of the per diem rate sheet for meals (receipts not required) (<https://www.gsa.gov/travel/plan-book/per-diem-rates>)

☐ Proof of mileage (Mapquest printout) for trip and regular commute

☐ My Learning Plan &/or Statement of Reimbursement if needed

☐ Purchase Order

I certify the above expenses were incurred for official School District business.

Employee's Signature _____ Date _____

Supervisor's Approval _____ Date _____

Business Office Use Only

Date Received _____

Assistant Superintendent's Approval _____ Date _____