

## McCORMICK SCHOOL DISTRICT TRAVEL REIMBURSEMENT REQUEST

NAME  SCHOOL/ DEPARTMENT

HOME ADDRESS

MEETING  LOCATION

MEETING DATE(S)	Departure	Date:	Return	Date:
		Time:		Time:

### REQUESTED REIMBURSEMENTS

TRAVEL	AUTOMOBILE: <input type="text"/> MILES X .505¢ PER MILE	AMOUNT	\$ <input type="text"/>
	AIRLINE TICKET: (if not prepaid, attach ticket)	AMOUNT	\$ <input type="text"/>
REGISTRATION	(if not prepaid, attach receipt)	AMOUNT	\$ <input type="text"/>

DATE												AMOUNT	\$ <input type="text"/>
Meals												AMOUNT	\$ <input type="text"/>
Lodging												AMOUNT	\$ <input type="text"/>

*Use per Diem to fill out accordingly*

OTHER EXPENSES:

Telephone Calls	\$ <input type="text"/>	Ground Transportation	\$ <input type="text"/>		
Rental Car	\$ <input type="text"/>	Non-Meal Gratuities	\$ <input type="text"/>		
Baggage Handling	\$ <input type="text"/>	Other (Itemize)	\$ <input type="text"/>		
Parking	\$ <input type="text"/>	TOTAL OTHER EXPENSES			
				AMOUNT	\$ <input type="text"/>

ACCOUNT NUMBER

	TOTAL EXPENSES	\$ <input type="text"/>
	LESS AMOUNT PREPAID AND/OR ADVANCED	\$ <input type="text"/>
	AMOUNT DUE TO EMPLOYEE	\$ <input type="text"/>

I certify the above expenses were actually incurred by me in the performance of my duties as an employee, Board Member, or committee member of McCormick School District and that each item is a business expense as defined by the Internal Revenue Service.

SIGNATURE OF TRAVELER \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED FOR PAYMENT *\*THIS IS DR. LARSEN'S SIGNATURE\** \_\_\_\_\_ DATE \_\_\_\_\_

Attach copy of approved Request to Attend Official Meeting/Conference.

**→ AN ACCOUNT SETTLEMENT FOR TRAVEL MUST BE FILED WITHIN FIVE WORKDAYS OF EMPLOYEE'S RETURN. RECEIPTS ARE REQUIRED. ←**