

# EMPLOYEE TRAVEL REIMBURSEMENT REQUEST



Employee Name: \_\_\_\_\_

Location: \_\_\_\_\_

Event: \_\_\_\_\_

Attach agenda or name badge from conference

Departing: \_\_\_\_\_ Time: \_\_\_\_\_  
Month/Day/Year

Returning: \_\_\_\_\_ Time: \_\_\_\_\_  
Month/Day/Year

## Mileage

Total # miles \_\_\_\_\_ @\$0.50 \$ \_\_\_\_\_

Go to: [www.google.com/maps](http://www.google.com/maps) for mileage estimate, print & attach

## Meals (\$30 per diem)

Must attach receipts if using federal funds

\_\_\_\_\_ Breakfast @ \$ 8.00= \$ \_\_\_\_\_

\_\_\_\_\_ Lunch @ \$10.00= \$ \_\_\_\_\_

\_\_\_\_\_ Dinner @ \$12.00= \$ \_\_\_\_\_

Total Meals \$ \_\_\_\_\_

## Hotel (GSA Rate plus city and county tax)

Do not include if paid on District credit card

\_\_\_\_\_ Days @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

## Miscellaneous (workshop fees, parking, taxi, etc)

Must attach receipts with no sales tax included

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Grand Total: \$ \_\_\_\_\_

Signed: \_\_\_\_\_  
Teacher/Staff

Approved: \_\_\_\_\_  
Principal/Superintendent

By signing above I affirm that I have reviewed the travel guidelines in the JISD Fiscal Manual and have requested reimbursement for expenses in accordance with District procedures. I also affirm that the per diem meal reimbursement is not in excess of amounts actually spent for a meal (\$8 for breakfast, \$10 for lunch and \$12 for dinner) or, if actual amounts are less I have only requested the actual amount spent.

Receipts are required for all items other than meal per diem. Receipts are required for all items including meal per diem if paid from Federal Funds.