

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 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.