

BARNWELL SCHOOL DISTRICT 45

		,				
Name			Date			
School/Department		Travel Destination				
Approximate Cost		Dates of Conference/Travel				
Purpose of Travel						
Account Number						
Cianatura			D-1+			
Signature			Date			
Authorized by	D: 1-10		Date			
	Principal/Supervisor					
Approved		Not Approved	Date			
			Date			
	Superintendent					

NOTE:

THIS FORM MUST BE APPROVED BY THE SUPERINTENDENT OR DESIGNEE BEFORE TRAVELING ON SCHOOL DISTRICT BUSINESS.

REQUESTS FOR REIMBURSEMENT WILL NOT BE HONORED UNLESS ACCOMPANIED BY THIS FORM.

BARNWELL SCHOOL DISTRICT 45 INSTRUCTIONS FOR TRAVEL REIMBURSEMENT FORM

- **1. NAME:** This should be the name of the person the check should be made payable to. Please print or type.
- **2. VENDOR NUMBER:** This should be the vendor number of the person the check should be made payable to.
- **3. DATE:** This is the date the form is being completed.
- **4. SCHOOL/LOCATION:** This is the location within the District where the employee works.
- 5. TRAVEL DESTINATION: This is the city and state where the employee is traveling.
- **6. DEPARTURE DATE & TIME:** This is the date and time that the employee left home/office in transit to the meeting.
- RETURN DATE & TIME: This is the date and time that the employee returned to home/office.
- **8. MILEAGE:** Actual mileage to and from the meeting location should be entered. Included Mapquest or printout of directions with the form.
- **9. EXPENSES:** Enter all expenses on a daily basis. Detailed original receipts for all expenses (except mileage) must be attached as proof that the expense was paid by the employee.
- 10. MEALS: Meals may be reimbursed for actual expenses incurred up to the District's meal allowance. Allowance includes tips. Meals must be within the guidance of the chart below. When meals are provided with the conference registration, those meals will not be reimbursed.

				OUT- OF- STATE Myrtle Beach Charleston
MEALS	DEPART BEFORE	RETURN AFTER	IN- STATE	Hilton Head
Breakfast	6:30 AM	11:00 AM	\$8.00	\$10.00
Lunch	11:00 AM	1:30 PM	\$10.00	\$15.00
Supper	5:15 PM	8:30 PM	\$17.00	\$25.00
DAILY MA	AXIMUM ALLOWA	\$35.00	\$50.00	

- **11. TOTALS:** If total expenses are greater than expenses paid on the District/School credit card and any advances received, the employee will receive a refund. If total expenses are less than the expenses paid on the District/School credit card and advances received, the employee should attach a check payable to Barnwell School District 45.
- 12. REQUEST FOR REIMBURSEMENT MUST BE MADE WITHIN 10 WORKING DAYS
 AFTER COMPLETION OF TRAVEL.



OUT-OF-DISTRICT TRAVEL REIMBURSEMENT FORM

BARNWELL SCHOOL DISTRICT 45

Name					_	vendor Nui	mber		Date	
School/Department				_	Travel Destination					
Departure Da	ate & Time				_	Return Date	e & Time			
Date	Airfare	Miles Travele	Lodaina	Breakfast	Meals Lunch	Dinner	Conference Registration	Parking	Other	Totals
Subtotal										
Totals		X \$0.67								
Notes/Explanations: _								_	Grand Total LessDistrict/School Credit Card Charges/Advances Total	
Account Nun	nber		-					_	Reimbursement/Refund	
Signature						Date		_		
Authorized b	у					Date		_		

Principal/Supervisor

See instructions for per diem rates.