



City of Baker School Board Travel Expense Reimbursement Form

Traveler's Name and Address		Employee Work Location	
		Employee Number:	
		Date of Claim:	
Expense Summary			
Date(s) of Travel	From:	To:	
Airfare			
Automobile	# of Miles	@	
Lodging		Nights @	
Meals			
Registration (Must attach receipt)			
Tolls and Parking			
Tips (for baggage handling only)			
Other Expenses			
Less: Travel Advance	(List any prepaid expenses)		
Total Reimbursement Cost			
*FUND TO BE CHARGED (SOURCE OF FUNDING):			
<i>*(This line must be completed for payment to be processed)</i>			
Certificate of Payee			
I certify that this expense report is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business for the City of Baker School System, none of the expenses have been paid by the School Board, and that the full amount is justly due.			
_____ <i>Payee/Title</i>		_____ <i>Date</i>	
Approvals			
_____ <i>Principal/Supervisor Approval</i>		_____ <i>Date</i>	
_____ <i>Superintendent/Director Approval</i>		_____ <i>Date</i>	
Instructions			
<ol style="list-style-type: none"> 1. The statement(s) on page 2 must be completely filled in by the payee prior to signature. 2. Original, itemized receipts must be attached. 3. Must have all <i>appropriate</i> individuals approve before submission to Accounting for payment. 4. Daily meals <i>with tips</i> cannot exceed the daily meal allowance. 5. The approved Professional Development/School Business form must be attached. 6. This form must be completed and submitted to the Accounting Department within 30 days of travel. 			

