



REQUEST FOR TRAVEL/EXPENSE REIMBURSEMENT

Name _____

Month/Year _____

Position _____

Employee # _____

FUNDING SOURCE – THIS MUST BE FILLED OUT COMPLETELY

School: _____ Account Name: _____

MUNIS Acct. #: _____

**** Please attach: All receipts, MapQuest directions and completed Request for Authorization of Out-of-State/Overnight Travel Form, agenda, name badge, hotel and parking receipts, etc.

Date	Total Miles	Lodging/ Airfare	Meals	Other	Purpose of Travel/Name/Place of Workshop – Other Information About Travel

Total Miles _____
 Total Expenses
 CHECK TOTAL

My signature below verifies that I followed the School Board's Travel Policy and that I am requesting to be reimbursed only for expenses that have not otherwise been paid for. (i.e. An employee should not request to be reimbursed for meals if an administrator paid for their meal using school board funds or if meals were provided by the conference).

Employee Signature Date

Direct Supervisor Date

Supervisor with Budgetary Authority Date

OFFICE USE ONLY	
____ Request for Travel	____ Mapquest/Airline Rcpt.
____ Agenda	____ Hotel Receipt
____ Name Badge	____ Parking Receipt