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**Travel Reimbursement-Regional Reading Specialists (updated October 1, 2016)**

* *Use this form for ALL meal reimbursements (including RECIX PD).*
* *Use this form for lodging reimbursements ONLY related to your in-region travel (does NOT include PD coordinated by RECIX).*
* ***Meal receipts must be clear and legible to include details of food items purchased and date/time stamp (failure to do so may result in delayed/denied reimbursement)***
* *This form must be complete or reimbursement may be delayed/denied*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Travel Purpose/Location/Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section I: Lodging & Meals**

|  |  |  |
| --- | --- | --- |
| **Date(s)** |  |  |
|  | **Lodging (must be pre-approved by RRS Coordinator)****Ask for Government Rate - Not to exceed $100/night (must be pre-approved by RRS Coordinator)** | **$** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Meals (must include overnight stay)** | **Meal Amount** | **Meal Amount** | **Meal Amount** | **Meal Amount** | **Meal Amount** | **Total 24 Hour Period Meal Expenses** | **Allowable Meal Reimbursement (cannot exceed $30 per 24-hour period)** |
|  | **24-hour start time -**  |  |  |  |  |  |  |  |
|  | **24-hour start time -**  |  |  |  |  |  |  |  |
|  | **24-hour start time -**  |  |  |  |  |  |  |  |
|  | **24-hour start time -**  |  |  |  |  |  |  |  |
|  | **Total Meal Reimbursement Request** |  |  |  |  |  |  |  |

**Total Lodging & Meals Reimbursement Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section II: Attestation - I hereby certify that the above information is accurate and that payment from another source was not received.**

**RRS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section III: Approval**

**RRS Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director/Designee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**