

# Travel Request & Expense Reimbursement

## Travel Request

Name: \_\_\_\_\_ Destination: \_\_\_\_\_  
 Purpose of Travel: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Depart: Date \_\_\_\_\_ Time \_\_\_\_\_  
 Return: Date \_\_\_\_\_ Time \_\_\_\_\_ Contact Transportation (ext 407) \_\_\_\_\_

## Approval

Building Principal: \_\_\_\_\_ Superintendent: \_\_\_\_\_  
 Transportation: \_\_\_\_\_ Substitute Days: \_\_\_\_\_

## Funding Source

Funding Source Description: \_\_\_\_\_  
 Funding Source Expense Code: \_\_\_\_\_

## Travel Arrangements

Expense for travel will be reimbursed within district guidelines when the travel has the advance authorization of building principal or superintendent. See District Policy DKC and DKC-R

Motel Name: \_\_\_\_\_ Motel Phone Number: \_\_\_\_\_  
 Check-In: \_\_\_\_\_ Check-out: \_\_\_\_\_ Confirmation Number: \_\_\_\_\_  
 Reserved with District MasterCard (please describe name on MasterCard): \_\_\_\_\_

Will Motel accept a school voucher? Is Motel aware we are tax exempt? Please travel with a school voucher and Wyoming tax exempt form

Transportation:  Personal Vehicle  
 (Mileage reimbursement \$.12 per mile if school vehicle is available, current IRS rate if school vehicle is NOT available)  
 Rental Vehicle  
 Rental Company \_\_\_\_\_ Pick-up: \_\_\_/\_\_\_/\_\_\_ Drop-off: \_\_\_/\_\_\_/\_\_\_ Confirmation # \_\_\_\_\_  
 Suburban # of Passengers: \_\_\_\_\_ Unit Assigned by Trans Dept: \_\_\_\_\_  
 Bus

Reminder: Keep All Receipts & Return Copy of Signed Voucher(s) - Call Business Office at 307-455-2338 if assistance is needed.

## Conference Evaluation

Please complete for Staff Development & Accreditation documentation

Summary of Events: \_\_\_\_\_  
 \_\_\_\_\_ (attach additional information if necessary)  
 Highlights: \_\_\_\_\_  
 \_\_\_\_\_ (attach additional information if necessary)  
 Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

Do you recommend that others in the District attend this conference? \_\_\_\_\_

## Claim for Reimbursement

Per Diem:  # of Days: \_\_\_\_\_ @ \$30.00/day  
 Meals per Day: \_\_\_\_\_

Date	Breakfast (\$10.00)	Lunch (\$10.00)	Dinner (\$10.00)

Actual Meal Cost - not to exceed per diem limit of \$30.00/day – please attach receipts

Mileage: To: \_\_\_\_\_ From: \_\_\_\_\_ (Business Office has mileage chart.) Total miles \_\_\_\_\_ x 2 \_\_\_\_\_

(Business Office Use Only)	Total Meal Reimbursement	\$	Total Mileage Reimbursement	@	/ mile = \$
	Total Other Reimbursement (document)	\$	Total Reimbursement		\$

??? **Are all receipts/vouchers attached?** Payment will not be processed without receipts and will become an employee personal expense.