

# PARK COUNTY SCHOOL DISTRICT NO 1

District Administration Office  
160 N. Evarts, Powell WY 82435 307-764-6186

## Employee PER DIEM TRAVEL REPORT / CLAIM FOR Travel REIMBURSEMENT

Name \_\_\_\_\_ Address \_\_\_\_\_ Employee # \_\_\_\_\_

Destination \_\_\_\_\_ Business Purpose of Travel \_\_\_\_\_

Non-Overnight Meal Per Diem Rate \$15.00

Overnight Meal Per Diem Rate In State \$40.00 (\$30.00 depart/return date)

Overnight Meal Per Diem Rate Out of State \$75.00(\$56.25 depart/return date)

Were you required to stay overnight? \_\_\_\_\_yes (OVERNIGHT TRIP) \_\_\_\_\_no (DAY TRIP)

Actual Depart Date \_\_\_\_\_ Time \_\_\_\_\_am \_\_\_\_\_pm Actual Return Date \_\_\_\_\_ Time \_\_\_\_\_am \_\_\_\_\_pm

DAY	DATE	TAXI TO AND FROM AIRPORT ONLY	PER DIEM (75% ON TRAVEL DEPARTURE AND RETURN DATES)	LODGING ACTUAL RECEIPTS (ONLY IF DISTRICT HAS NOT PAID DIRECTLY)	DAILY TOTAL
SUN					
MON					
TUES					
WED					
THURS					
FRI					
SAT					

Please attach conference documentation (ie agenda). Claims without documentation will not be processed.

TOTAL REIMBURSEMENT \$ \_\_\_\_\_

I certify, under penalty of perjury and subject to the provisions of WS 6-5-303 and its penalties, that the foregoing claim is a true and just record of necessary expenses paid by me while on official schools business and for which I am legally entitled to reimbursement by PCSD#1. I do further certify that no part of the foregoing claims has been paid by PCSD#1 or any other source.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

Administrator/Grant Manager Signature \_\_\_\_\_

Superintendent/Designee

Signature \_\_\_\_\_

Budget Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

Budget Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

1. It is the responsibility of the traveler to read and understand Park County School District No 1's Travel Guidelines.
2. All Reimbursed Day Trip travel, which is a fringe benefit to the employee, will be taxed as such and remitted to you in your monthly paycheck.
3. Trips which require an overnight stay are not taxable income to the employee and payments will be issued after the monthly board of trustee meeting if received by the 1<sup>st</sup> Thursday of each month in the district business office.
4. Per diem rates for the day departing and the day returning are 75% of daily rate.
5. You need not submit meal receipts. Receipts for lodging and miscellaneous items must be submitted with this report.