Reset

Chilton Independent School District
Travel Reimbursement Request

Employee _____ Destination _____

Departure Date _____ Time _____ Return Date _____ Time _____

Purpose of trip (conference, workshop, etc.) _____

EXPENSES:

Meals:

_____ Breakfasts @ $ 5.00 $ _____

_____ Lunches @ $ 7.50 $ _____

_____ Dinners @ $ 12.50 $ _____

Total Meals ($25 per day allotment) $ _____

LODGING:

_____ Nights for 1 person @ $_____

_____ Federal expenditure

Total Lodging $ _____

TRANSPORTATION:

_____ Miles @ $.**45** per mile $ _____

_____ Public transportation $ _____

Total transportation $ _____

OTHER EXPENSES:

Registration $ _____

Other $ _____

Total Other $ _____

Total Expenses $ _____

Amount advanced by district $ _____

Reimbursement to employee $ _____

Employee signature _____ Date _____ Principal approval _____ Date _____

Superintendent approval _____ Expenditure Code _____

Please attach all receipts for lodging, public trans., & other expenses