

CHILTON INDEPENDENT SCHOOL DISTRICT TRAVEL REIMBURSEMENT REQUEST

Employee

Destination

Departure Date

Time

Return Date

Time

Purpose of trip (conference, workshop, etc.)

EXPENSES:

Meals:

_____	Breakfasts @ \$ 8.00	\$ _____
_____	Lunches @ \$ 12.00	\$ _____
_____	Dinners @ \$ 15.00	\$ _____

Total Meals (\$35 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

Date

Expenditure Code

Please attach all receipts for lodging, public transportation and other expenses.