

# Riverview Gardens School District

## Travel & Expense Reimbursement Request

Employee/Traveler's Name			<b>DUE TEN (10) DAYS AFTER TRAVEL</b>	Conference/Meeting	
Employee/Traveler's Address				Location	
City	State	Zip		Date(s)	

List of Direct Billed and Travel Card Charges and Amounts								

	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
Date >>								
Breakfast								-
Lunch								-
Dinner								-
Lodging								-
Common Carrier (airfare, train)								-
Taxi, Lift, & Limousines								-
Registration Fees								-
Tolls & Parking								-
Telephone								-
Auto Rental								-
Rental Auto fuel								-
Other (Explain on Receipt)								-
<b>TOTAL EXPENSES</b>	-	-	-	-	-	-	-	-

Personal Auto Mileage					Attach all Original Receipts	
From	To	Miles	Rate	Subtotal		
			0.545	-	Expense from above	-
			0.545	-	Personal Auto Expense	-
			0.545	-	Less Direct Billed	
			0.545	-	Less Travel Card	
	<b>Total</b>	-	0.545	-	<b>TOTAL DUE TRAVELER</b>	-

**CERTIFICATION AND APPROVAL**

I, the undersigned, hereby certify that the above listed expenses were actually incurred by me for District purposes as allowed by District policies and procedures. No reimbursement has been received or is anticipated by third party and if received, will be immediately forwarded to the District Business Office.

\_\_\_\_\_  
Signature of Employee/Traveler                      Date

\_\_\_\_\_  
Signature of Principal/Department Head                      Date

\_\_\_\_\_  
Signature of Assitant Superintendent                      Date

\_\_\_\_\_  
General Ledger Account Number