

**Elmore County Board of Education**  
**Travel Reimbursement Request Form**

**REMINDER:** Reimbursement for meals shall not exceed \$50 per day for in-state travel. A maximum of 15% tip will be reimbursed and is included in the \$50 per day. **Original itemized receipts must be provided.** Credit card receipts **WILL NOT** be accepted for any expenses.

Name \_\_\_\_\_ School/Location \_\_\_\_\_ Date Submitted \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Location/Purpose of Trip \_\_\_\_\_  
 Conference Name \_\_\_\_\_  
 Conference Date \_\_\_\_\_

**TRANSPORTATION**

\_\_\_\_\_ **Personal Vehicle** From \_\_\_\_\_ to \_\_\_\_\_  
 Round trip mileage \_\_\_\_\_ @ \$.50 per mile = \$ \_\_\_\_\_  
 \_\_\_\_\_ **Air Fare** From \_\_\_\_\_ to \_\_\_\_\_  
 Total Air Fare = \$ \_\_\_\_\_  
**Total Transportation** \_\_\_\_\_

**MEALS/LODGING**

| Date | Hotel/Motel | Breakfast* | Lunch* | Dinner* | Total |
|------|-------------|------------|--------|---------|-------|
|      |             |            |        |         | \$    |
|      |             |            |        |         | \$    |
|      |             |            |        |         | \$    |
|      |             |            |        |         | \$    |
|      |             |            |        |         | \$    |

\* Out-of-state travel – daily per diem rates apply. **Total Meals/Lodging** \$ \_\_\_\_\_

**MISCELLANEOUS EXPENSES (Registration, fees, etc.)**

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Miscellaneous** \$ \_\_\_\_\_

- Attachments REQUIRED for reimbursement:**
1. Google Map with mileage.
  2. Documentation of attendance (e.g. agenda or certificate).
  3. For out-of-state travel, attach GSA Meal Per Diem rate for location.
  4. Original, itemized receipts for meals, registration, parking, etc.

**GRAND TOTAL** \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_

Director Approval \_\_\_\_\_

Superintendent Approval \_\_\_\_\_

*For Office Use Only:* Account Number \_\_\_\_\_