

Riverview Gardens School District Travel & Expense Reimbursement Request

Employee/Traveler's Name			DUE TEN (10) DAYS AFTER TRAVEL	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)								-
TOTAL EXPENSES	-	-	-	-	-	-	-	-
Personal Auto Mileage					Attach all Original Receipts			

From	To	Miles	Rate	Subtotal		
			0.56	-	Expense from above	-
			0.56	-	Personal Auto Expense	-
			0.56	-	Less Direct Billed	-
			0.56	-	Less Travel Card	
			0.56	-	TOTAL DUE TRAVELER	
	Total	-	0.56	-		-

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 Assistant Superintendent
Date Signature of Principal/Department Head
Date

General Ledger Account Number

Revised 7/20/2021
