А.	INFORMATION Employee Name:		School/Work Site:					
	Home Mailing Address: Please notify payroll if changed		Destination (City):					
	Street address or P.O. box, Oty, State ZP code Email: Phone:		Purpose of Travel (Please attach Workshop Agenda):					
1	Account Code(s): (Itemize costs per account and show \$ split)		Accompanying Staff:					
2						Time		
4	i i					Time		
В.	EXPENSES NOTE: An employee is the district office to qu	s eligible for meal per diem and lodgir ualify for lodging) only if they are in tr	ng reimburser avel status, o	nent (destina utside of the	ation must be greater ti BSD boundaries. Empl	han 50 miles from oyees must be in		
						, ,		
i.	Transportation	Personal Vehicle (miles)	<u>Miles at</u>	67.0	Cents per Mile			
		Bus/Train/Taxi/Uber		Airfare				
II.	Lodging	Hotel/Motel		Parking				
III.	Meals (Paid at Per Diem Rates)	\$17 Breakfast	<i>\$18</i> Lunch	\$34 Dinner				
i∨.	Miscellaneous	Total Meals: \$ -	\$-	\$-	Amount			
C.	CERTIFICATION:							
_	Employee Sgnature		Date					
D.	APPROVAL: Please sign below and enter reimbursable amount							
	Print Administrator Name				•			
_	Principal/Program Administrator Sgnature		Date			\$		
Tra	Travel/Expense Reimbursement Form Revised January, 2024							