

TRAVEL EXPENSE RECORD FOR
TRAVEL REIMBURSEMENT 2021-2022 (for travel after 01/01/2022)

NAME: _____ DATE: _____

RECORD OF TRANSPORTATION AND DUTIES PERFORMED

DAY OF MONTH	CONFERENCE OR WORKSHOP TITLE AND LOCATION	TOTAL MILES
		*

- **MAKE SURE A COPY OF MAPQUEST MILEAGE DOCUMENTATION IS ATTACHED ALONG WITH A COPY OF THE OVERNIGHT TRIP REQUEST**

Total Car Mileage _____ miles at 58.5 cents per mile \$ _____

Total Meals**: _____ \$ _____

Each meal receipt **MUST** be attached. Employee will be reimbursed up to the district maximum: Overnight Travel, Breakfast \$15, Lunch \$15, Dinner \$25 (Reimbursement for meals without detailed receipts cannot be paid. Departure and Return Times **must** be provided.

Name of Conference or Event: _____

Travel Dates: _____

Time of Departure: _____

Time of Return: _____

Other Expense: ** (parking, etc.) _____ \$ _____

Budget Number _____

TOTAL \$ _____

Signature: _____

****Detailed Receipts required on reimbursement for cash paid out. Credit card sales slips without detailed line items will NOT be reimbursed.**

ADMINISTRATIVE APPROVAL: _____

DATE: _____