

S.V.U.S.D. EXPENSE REIMBURSEMENT REQUEST FORM

Name: _____

Authorization to Attend Completed? Yes No

Site: _____

Purchase Order No. _____

Vendor No. _____ Event _____ Location _____

Date _____ Account Code(s) _____

SUBMIT EXPENSES WITHIN 90 DAYS

ATTACH ALL ORIGINAL RECEIPTS

Was Conference Overnight? Yes No Dates of Travel: _____

<u>TRAVEL EXPENSES</u>			<u>MISCELLANEOUS WITH RECEIPTS</u>		
Airfare	\$		Identify Item:		<u>Amount</u>
Transportation Expenses (car rental, taxi, bridge, parking)	\$		1		\$
Mileage _____ x _____ per mile	\$		2		\$
Lodging	\$		3		\$
Meals **Per Diem = Overnight Only = \$60.00	\$		4		\$
Less Meals Provided by Conference	\$	< >	5		\$
Registration Fee(s)	\$		6		\$
Total	\$		Total		\$
TOTAL DUE EMPLOYEE					\$

Claimant's Signature _____

Date _____

Principal/Supervisor's Signature _____

Date _____

Special Admin. Approval _____

Date _____

Business Office Approval _____

Date _____

Per Diem Rates: \$10.00 Breakfast, \$20.00 Lunch, \$30.00 Dinner = \$60.00