

TRAVEL REIMBURSEMENT FORM

Name: _____ Date: _____

Home School: _____

Subject: _____ Date(s) of Travel _____

Location: _____

TRANSPORATION

Miles Traveled in Personal Car _____ @\$.625 per mile \$ _____

Parking Fees..... \$ _____

Other Fees (List) _____ \$ _____

REGISTRATION FEE

\$ _____

Total \$ _____ (A)

LODGING

<u>Check-In Date</u>	<u>Check-Out Date</u>	<u>Rate Per Night</u>	<u># of Days</u>	<u>Total</u>
_____	_____	_____	_____	\$ _____ (B)

MEALS (Per Diem) Breakfast \$8.00 Lunch \$10.00 Dinner \$16.00

Travel must commence **prior to 6:00 a.m.** to receive breakfast per diem on departure date.
Travel must terminate **after 6:00 p.m.** to receive dinner per diem on return date.

<u>DATE</u>	<u>BREAKFAST</u>	<u>LUNCH</u>	<u>DINNER</u>	<u>PER DIEM DAILY TOTAL</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Meals Total				\$ _____ (C)
Total To Be Reimbursed				\$ _____
				Total of A, B, and C

I certify that the above amount is true and correct to the best of my knowledge.

Signed By: _____

Reviewed By: _____
(Fund Supervisor) (Principal)

Approved By: _____
(Superintendent)

Account Number: _____

NOTE: A copy of the AESOP Professional Leave Approval e-mail must be attached.