

BLAINE SCHOOL DISTRICT NO 503

TRAVEL/EXPENSE REIMBURSEMENT REQUEST

To Payroll Date _____

INFORMATION

Name:	<input style="width: 95%;" type="text"/>	School/Work Site:	<input style="width: 95%;" type="text"/>
Purpose of Travel	<input style="width: 95%;" type="text"/>	Account Number(s):	<input style="width: 95%;" type="text"/>
Destination (city):	<input style="width: 95%;" type="text"/>		(If more than one, show \$ split)
Departed Date:	<input style="width: 20%;" type="text"/>	Time:	<input style="width: 20%;" type="text"/>
Returned Date:	<input style="width: 20%;" type="text"/>	Time:	<input style="width: 20%;" type="text"/>

NOTE: An employee is eligible for meal per diem and lodging reimbursement only if they are in travel status, outside of the Blaine boundaries.

EXPENSES

(See Board Policy # 6213)

TRANSPORTATION				
Bus: \$	<input style="width: 95%;" type="text"/>	Train: \$	<input style="width: 95%;" type="text"/>	Air: \$ <input style="width: 95%;" type="text"/> (Attach original receipts) \$ -
Private Car:	<input style="width: 20%;" type="text"/> miles at	55.5	cents per mile	#VALUE!
		Parking:	(Attach original receipts)	<input style="width: 95%;" type="text"/>
LODGING				
		Hotel/Motel:	(Attach original receipts)	<input style="width: 95%;" type="text"/>
MEALS (paid at per diem rates)				
	Date	Breakfast	Lunch	Dinner
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Totals:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> \$ -
MISCELLANEOUS				
Date	Paid To (Attach original receipts)	For	Amount	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
		Total Miscellaneous:		\$ -
TOTAL EXPENSES:				#VALUE!

CERTIFICATION

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS IS A TRUE AND CORRECT CLAIM FOR NECESSARY EXPENSES INCURRED BY ME AND THAT NO PAYMENT HAS BEEN RECEIVED BY ME ON ACCOUNT THEREOF.

Employee Signature: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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APPROVAL: Please sign below and enter reimbursable amount

Approved: <input style="width: 95%;" type="text"/>	Supervisor	<input style="width: 95%;" type="text"/>
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