

MONTHLY MILEAGE EXPENSE REIMBURSEMENT AND APPROVED PROFESSIONAL MEETING/CHANGE OF DUTY FORM

Name _____

Purchase Order Number _____

| Date | Destination/Purpose | Miles Traveled | .56 a mile 1/1/21 | Travel Cost | Meals* Not to exceed \$50 day for overnight or \$20 day for day trips out of county | Lodging* | Registration*/ Misc./Other* | Daily Total |
|----------------|---------------------|----------------|----------------------|-------------|---|----------|-----------------------------|-------------|
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| Totals: | | | | | | | | |

***Receipt Required**

Regulations and Instructions

PRIOR APPROVAL on Professional Meeting/Change of Duty form must be completed and approved for the following:

- A. All staff requesting lodging, meals, mileage, parking and registration for any trip.
- The following procedures should be followed in order to receive credit for extended service and travel:**
- A. All monthly travel should be turned in by the last working day of each month. (Include map quest for out of town trips) for those that may be sick or unable to turn in a report. Reports will be accepted up to one month later.
- B. Any reports for travel turned in later than one month will be null and void for credit accrued expenses.

Guidelines for expense reimbursement:

- A. *All original receipts must be attached for meals, **ALL RECEIPTS NEED TO BE ITEMIZED**
 Reimbursement for **gratuities will not exceed 15%**. Unless party of 8 or more 18%
 All lodging, registration, parking/tolls and other requests. Photocopies (and/or facsimiles) cancelled checks with (front and back) and credit card statements will be accepted for reimbursement.
- B. Mileage is limited to 500 miles round trip. Travel is from school to designation and return to school
(Include a map quest for out of town trips)
- C. The following items will not be honored for reimbursement: personal phone calls, room service fees, movies, alcoholic beverages, etc.

I hereby certify that all expenses listed above are justifiable and was actually incurred by myself and/or those individuals listed herein.

 Signature, Employee Date

 Signature, Administrator/Supervisor Date