



Out of District Travel Reimbursement

Revised 11/14/2007

Form Owner: Financial Services

Form Location: http://www.4j.lane.edu/files/forms/finsvc/4j_finsvc_mileage_reimbursement.pdf

USER INSTRUCTIONS

Form Purpose: Use this form to claim a reimbursement for out of district travel expenses or per diem.

How to Complete this Form: Fill out **Section 1** of this form on-line and then print it. Alternately, print this form and complete **Section 1** by hand. **A conference flyer or agenda MUST be attached.**

How to Submit this Form: Submit a hard copy of this form.

Where to Send this Form: Send completed form and any support documentation to Financial Services.

Deadline: This form must be received in Financial Services by the 15th of the month in order to receive reimbursement on that month's paycheck.

Additional Information: Per Diem will be calculated by Financial Services in Section 2 of this form. Breakfast will be reimbursed for day of departure if the employee left Eugene prior to 6:30 a.m. Dinner will be reimbursed for day of return if the employee arrived in Eugene after 6:30 p.m.

Click links for: [IRS per diem tables](#) [Mileage reimbursement rates](#)

SECTION 1

EMPLOYEE INFORMATION

Name:

Date:

Employee Number:

TRAVEL INFORMATION

Destination:

Account Number:

Date and Time of Departure:

Date and Time of Return:

OUT OF POCKET TRAVEL EXPENSES: (Attach receipts for all expenses except per diem meals and incidentals)

PURPOSE	AMOUNT
Conference Registration	\$
Lodging	\$
Airfare	\$
Car rental	\$
Personal Vehicle Mileage: miles@ \$ per mile	\$
Other (please specify)	\$
	\$
Less: Meals purchased on District Credit Card	\$ ()
Less: Travel Advance Received	\$ ()
Total out of Pocket: (Excluding per diem meals and incidentals)	\$

APPROVAL

I certify that the above claim accurately reflects actual expenses incurred during authorized school district travel. In the event that the travel advance received exceeds total travel expenses, I authorize Financial Services to deduct the difference from my travel.

Employee Signature:

Date:

Administrator/Supervisor signature:

Date:

Print or type Administrator/Supervisor name:

SECTION 2

THIS SECTION TO BE COMPLETED BY FINANCIAL SERVICES

PER DIEM MEALS AND INCIDENTALS

Per Diem rate for destination city: \$

DATE	BREAKFAST	LUNCH	DINNER
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

TOTAL EMPLOYEE REIMBURSEMENT

TOTAL PER DIEM FROM ABOVE	\$
TOTAL NON PER DIEM EXPENSES FROM FIRST PAGE	\$
TOTAL EMPLOYEE REIMBURSEMENT	\$