

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>	
	\$	Identify Item:	<u>Amount</u>
Airfare	\$		
Transportation Expenses (car rental, taxi, bridge, parking)	\$	1	\$
Mileage _____ x _____ per mile	\$	2	\$
Lodging	\$	3	\$
Meals **Per Diem = <u>Overnight Only</u> = \$34.00	\$	4	\$
Less Meals Provided by Conference	\$ < >	5	\$
Registration Fee(s)	\$	6	\$
Total	\$	Total	\$
TOTAL DUE EMPLOYEE			<u><u>\$</u></u>

Claimant's Signature _____

Date _____

Principal/Supervisor's Signature _____

Date _____

Special Admin. Approval _____

Date _____

Business Office Approval _____

Date _____

Per Diem Rates: \$6.00 Breakfast, \$10.00 Lunch, \$18.00 Dinner = \$34.00