

**Republic R-III Schools**  
**Travel Expense Reimbursement Form**

revised 10/09

**NOTE:** This form must accompany a PO and ALL receipts. Must be submitted within 30 days after travel.

Name \_\_\_\_\_

Please Print

School/ Dept \_\_\_\_\_

Destination (City & State) and Purpose of Travel (Meeting, Seminar, etc)

\_\_\_\_\_

***LIST only Amounts requesting for Reimbursements.***

Day of Week	SUN	MON	TUE	WED	THUR	FRI	SAT	Totals
Date (Month/Day)								
Plane/Train/Car Rental								
Registration								
Taxis and Shuttles (including tip)								
Parking and Tolls								
*Meals: (including tip): Breakfast								
Lunch								
Dinner								
Miscellaneous	Amount							
	Description							
Subtotal								
Mileage Reimbursement:	Total Miles		@		Cents per mile		Mileage Total	

\*Meal: Reimbursement only for meals not provided by conference or hotel

\_\_\_\_\_  
Established  
Rate Per Mile

Amount Requested on PO \_\_\_\_\_

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Administrator Responsible for Budget Account