

Republic R-III Schools Travel Expense Reimbursement Form

NOTE: This form must be submitted to building secretary with ALL **itemized receipts**.
Must be submitted within 30 days after travel.

Revised
08/19

Please print

Name: _____

School/Dept: _____

Destination (City/State): _____

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								
Hotel								
Parking and Tolls								
*Meals: (including tip):								
Breakfast								
Lunch								
Dinner								
Miscellaneous (Taxi, Ground Trans. Etc)	Amount							
	Item?							

Subtotal

Mileage Reimbursement:

Total Miles _____ @ \$0.56 Cents per mile Mileage Total _____
Established Rate Per Mile

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

Total Amount Requested

Date Submitted

Signature of Employee

Signature of Site PDC Liaison **OR** Administrator
Responsible for Budget Account