

Republic R-III Schools Travel Expense Reimbursement Form

Revised
01/19

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

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:	Mileage	
Total Miles _____ @ <u>\$0.58</u> Cents per mile	Total	
		Established Rate Per Mile

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

	Total Amount Requested
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Date Submitted

Signature of Employee

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