

# Republic R-III Schools Travel Expense Reimbursement Form

Revised  
01/18

**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>\$0.545</u> Cents per mile	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