

Travel Reimbursement Form

PLEASE FOLLOW TRAVEL POLICY WHEN REQUESTING REIMBURSEMENT

PO# _____ FOR TRIP (REQUIRED)

EMPLOYEE NAME: _____ PRINT

REASON FOR TRIP: _____ PRINT

Funding Source:

School Funds: _____ SBDM _____ DAF _____ Other: _____

District: _____ General Fund _____ Title 1 _____ Title 2 _____ KETS/TECH

_____ IDEA B _____ FRC/YSC _____ PERKINS/TECH CTR

Central Office Use Only	
VENDOR #	_____
INVOICE #	_____
Code:	_____ \$ _____
Code:	_____ \$ _____
Code:	_____ \$ _____

Departure/Return Information:

Departure Date: _____ Departure Time: _____ | Return Date: _____ Return Time: _____

Meals are limited to \$35.00 per day, excluding gratuities. Daily limited is prorated based upon departure/return times according to the chart below. Meals are only reimbursed for overnight trips and only itemized receipts will be reimbursed and must be attached. Gratuities will be reimbursed at a maximum of 15%. Consideration may be given to high rate areas as approved by Superintendent.

Departure Day / Time	Maximum Allowance	Day of Return / Time	Maximum Allowance
Prior to 6:30 am	\$35 + Gratuity	Prior to 12:30 pm	\$7.50 + Gratuity
After 6:30 am through 12:30 pm	\$27.50 + Gratuity	After 12:31 pm through 4:30 pm	\$20.00 + Gratuity
After 12:31 pm through 5:30 pm	\$15.00 + Gratuity	After 4:30 pm	\$35.00 + Gratuity
After 5:30 pm	\$0		

Mileage/Parking/Tolls- From _____ To _____

Miles _____ X Current Mileage Rate _____ = _____ (1)

Mileage Chart (round trip): Eddyville- 45; Bowling Green- 252; Lexington- 548; Louisville -416; Frankfort -494; Owensboro— 230

Date of Travel	Meal Type	Meal Cost— Attach Receipt	Tip	Total for Day
	Breakfast			
	Lunch			
	Dinner			
	Breakfast			
	Lunch			
	Dinner			
	Breakfast			
	Lunch			
	Dinner			

(If you have additional meals, please attach an additional page.)

TOTAL MEALS = _____ (2)

Lodging to be reimbursed or required parking fees- (Not direct billed or charged to Board)	Itemized receipt required
Name of Hotel _____ Amount of Hotel + associated charges = _____	
OTHER EXPENSES: Must be explained and receipt attached: _____ = _____	
Total	_____ (3)

I HEREBY CERTIFY THE ABOVE IS A CORRECT STATEMENT OF AMOUNT DUE TO ME:

Employee Signature: _____ Date: _____

Principal/Supervisor: _____ Date: _____

TOTAL REQUEST (1 + 2 + 3)

\$ _____