

SEDALIA SCHOOL DISTRICT #200



Out-of-District

TRAVEL REIMBURSEMENT REQUEST

Travel reimbursement requests must be submitted within 6 weeks (42 days) after the expense was paid, or incurred.

Payable To:

(Print First and Last Name)

Trip To: _____

Trip Date: _____

Event Attended: _____

Mileage

Round Trip Mileage _____ 0.70¢ per mile = \$ _____ -

Meals

Meal Allowance per Day = \$65.00

IMPORTANT - PLEASE ATTACH MEAL RECEIPTS

Receipts MUST be itemized (even charge card receipts)

Total Meal Expense _____

Total Reimbursement \$ _____ -

Code: _____

I certify that the above expense was necessary to the public business of Sedalia School District #200, that I have not been or will not be reimbursed therefore from any other source, and that the expense hereon is, to the best of my knowledge and belief, correct.

Employee's Signature/Date

Building Administrator Approval/Date

Central Office Approval/Date

PLEASE RETURN COMPLETED FORM, WITH ITEMIZED RECEIPTS ATTACHED, TO YOUR BUILDING ADMINISTRATIVE ASSISTANT.