



DULCE INDEPENDENT SCHOOLS

In-State & Out-of-State Travel Reimbursement Request

(Please refer to instructions on back side of form.)

EMPLOYEE INFORMATION:

Last Name

First Name

Employee Board Member Parent

Other (specify): _____

Title

Department

TRIP INFORMATION:

In-State Out-of-State

TYPE OF REIMBURSEMENT:

Actual Per-Diem

Purpose of Trip: _____

Destination City & State: _____

Departure From: _____
Place: _____

Returning On: _____

Date: _____

Date: _____

Time: _____ am pm

Time: _____ am pm

(SEE BACK SIDE OF THIS FORM FOR INSTRUCTIONS)

COST/REIMBURSEMENT INFORMATION:

Method of Travel:

Airline Receipts Purchase Order

School Vehicle (Request through Transp. Dept.)

Personal Vehicle

Mileage _____ @ \$.32 per mile

Odometer Reading:

Begin: _____ End: _____

Other Transportation, Taxi, Parking, Car Rental, etc.:

Per Diem:

24 Hour Cycle

Partial Day Per Diem

Other Expenses: (Receipts Required)

Lodging Receipts Purchase Order

_____ Nights @ \$ _____ per night

Meals per 24 hour period. # of days: _____

Registration Fee Receipts Purchase Order

Other: _____

TOTAL:

TO BE REIMBURSED TO EMPLOYEE:

Estimated Cost

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

ADMINISTRATIVE USE ONLY		
Line Item		Actual Cost
Fund . Function . Object . Program . Location		
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

I hereby certify that the above travel will be done in connection with authorized school business and that the above statement is true and payment thereof has not been received.

Signature of Claimant

Date