

BARTLESVILLE PUBLIC SCHOOLS

REIMBURSEMENT CLAIM
OUT OF DISTRICT TRAVEL

Travel funds must be encumbered prior to trip.

Name: _____ Date: _____

Name of Site: _____ Meeting Attended: _____

Purpose of Meeting: _____

Location: _____ Date of Meeting: _____

First Date of Travel: _____ Last Date of Travel: _____

Meals*

(Reimbursed for Overnight Stays ONLY)

# of Meeting Days (no traveling)	_____	x	\$39.00	<u>\$0.00</u>
# of Traveling Days	_____	x	\$29.25	<u>\$0.00</u>

TOTALS

Incidentals*: Receipts must be submitted

LODGING**					\$0.00
Turnpike Fees					\$0.00
Taxi/Bus					\$0.00
Registration					\$0.00
Other					\$0.00
TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*-Meal Reimbursements will only be paid on Overnight Stays. Incidentals Require Itemized Receipts.
Meal and Mileage Rates are compliant with IRS Codes

**** - LODGING PAID FOR BY:** _____
District PO# _____ Other Arrangements _____

Mileage Reimbursement:

Travel from BARTLESVILLE to: _____ and return.

Total Miles Driven: _____ x 0.55 \$ -

Plus Expenses Total = \$0.00

Net Amount Total = \$ -

I hereby certify that all expenses claimed on this reimbursement form were incurred by me, while acting on behalf of Bartlesville Public Schools.

Signature of Employee

Approved by: _____
Principal Director Supervisor