

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	\$46.00	\$	-
# of Traveling Days	_____	X	\$34.50	\$	-

Incidentals*: Receipts must be submitted

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

* - 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 0.555 \$ -

Plus Expense Total: \$ -

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