

| | | |
|-------------------|--|-------------------------------------|
| Name of Traveler: | MONROE CITY SCHOOLS OUT OF DISTRICT TRAVEL REIMBURSEMENT/ADVANCE FORM | Date Submitted: |
| Mailing Address: | | Base School / Location: |
| | | Meeting Location (City & State): |

| | |
|--------------|---------------------------------------|
| Phone/Email: | Name of Meeting / Conference / Other: |
|--------------|---------------------------------------|

GENERAL GUIDELINES FOR TRAVEL REIMBURSEMENT ON BACK

| Date(s) | Registration | Lodging | Other Expense(s) (Write Explanation Below) | Transportation | | | | IN STATE MEALS | | | Total (Rows A – F) |
|---------|--------------|---------|---|----------------|--------------|-----------------|---------------|---------------------------|------------------------|-------------------------|-----------------------|
| | | | | Departure Time | Arrival Time | Number of Miles | Miles x (.70) | Breakfast / Tip \$6.90 | Lunch / Tip \$10.35 | Dinner / Tip \$17.25 | |
| A) | | | | | | | | | | | A) |
| B) | | | | | | | | | | | B) |
| C) | | | | | | | | | | | C) |
| D) | | | | | | | | | | | D) |
| E) | | | | | | | | | | | E) |
| F) | | | | | | | | | | | F) |

| | | |
|----------------------|-------------------|-----|
| Expense Explanation: | Expense Total | \$ |
| | Less Advance | -\$ |
| | Reimbursement Due | \$ |

| Date(s) | Registration | Lodging | Other Expense(s) (Write Explanation Below) | Transportation | | | | NEW ORLEANS MEALS | | | Total (Rows A – F) |
|---------|--------------|---------|---|----------------|--------------|-----------------|---------------|---------------------------|------------------------|-------------------------|-----------------------|
| | | | | Departure Time | Arrival Time | Number of Miles | Miles x (.70) | Breakfast / Tip \$9.20 | Lunch / Tip \$11.50 | Dinner / Tip \$21.85 | |
| A) | | | | | | | | | | | A) |
| B) | | | | | | | | | | | B) |
| C) | | | | | | | | | | | C) |
| D) | | | | | | | | | | | D) |
| E) | | | | | | | | | | | E) |
| F) | | | | | | | | | | | F) |

| | | |
|----------------------|-------------------|-----|
| Expense Explanation: | Expense Total | \$ |
| | Less Advance | -\$ |
| | Reimbursement Due | \$ |

I hereby certify that the above expenses were actually incurred by me in the performance of my duties as an employee, elected member, or duly appointed representative of the Monroe City School Board.

| | | | |
|---------------------------------|----------|---|------|
| Signature of Traveler | Date | Signature of Department Head (Optional) | Date |
| BUSINESS OFFICE USE ONLY | | | |
| GL # | VENDOR # | | |

| | | |
|-------------------|--|-------------------------------------|
| Name of Traveler: | MONROE CITY SCHOOLS OUT OF DISTRICT TRAVEL REIMBURSEMENT/ADVANCE FORM | Date Submitted: |
| Mailing Address: | | Base School / Location: |
| | | Meeting Location (City & State): |

| | |
|--------------|---------------------------------------|
| Phone/Email: | Name of Meeting / Conference / Other: |
|--------------|---------------------------------------|

| Date(s) | Registration | Lodging | Other Expense(s) (Write Explanation Below) | Transportation | | | | OUT OF STATE MEALS | | | Total (Rows A – F) |
|---------|--------------|---------|---|----------------|--------------|-----------------|---------------|----------------------------|------------------------|-------------------------|-----------------------|
| | | | | Departure Time | Arrival Time | Number of Miles | Miles x (.70) | Breakfast / Tip \$11.50 | Lunch / Tip \$17.25 | Dinner / Tip \$28.75 | |
| A) | | | | | | | | | | | A) |
| B) | | | | | | | | | | | B) |
| C) | | | | | | | | | | | C) |
| D) | | | | | | | | | | | D) |
| E) | | | | | | | | | | | E) |
| F) | | | | | | | | | | | F) |

| | | | |
|----------------------|--|-------------------|-----|
| Expense Explanation: | | Expense Total | \$ |
| | | Less Advance | -\$ |
| | | Reimbursement Due | \$ |

I hereby certify that the above expenses were actually incurred by me in the performance of my duties as an employee, elected member, or duly appointed representative of the Monroe City School Board.

| | | | |
|--|----------|---|------|
| Signature of Traveler | Date | Signature of Department Head (Optional) | Date |
| ↓ ↓ ↓ ↓ ↓ BUSINESS OFFICE USE ONLY ↓ ↓ ↓ ↓ ↓ | | | |
| GL # | VENDOR # | | |

GENERAL GUIDELINES FOR TRAVEL REIMBURSEMENT

- A) Registration documentation/receipt is required. A **COPY** of the Conference/Meeting Itinerary must accompany the reimbursement request.
- B) Detailed / Itemized hotel bills are required for lodging. Single occupancy rate will be reimbursed. (If spouse or others occupy same room, have hotel or motel indicate on face of bill the single room rate. Charge tickets on credit cards with only total amounts are **NOT** acceptable).
- C) Tips - \$10.00 maximum exist for entire trip. Other Expenses: Receipts must be attached for Parking fees, Taxi Fares (in connection with meeting), Luggage (first checked bag 50lbs), and Airplane tickets (Details of flight itinerary).
- D) Board Members / Superintendent Meals during travel In and out of State are \$175.00 per day.
- E) Meals and tips reimbursement not to exceed allowance. (Receipts are not required for meals within these allowances). *If necessary to include a guest for meals, indicate name and position of guest; State reason for including guest on expense sheet. If banquet or other meals are included as part of registration fee, **DO NOT INCLUDE** same meals as expenses listed in "Meals."*
- F) For In State Travel you must take a Hotel Tax Exemption form.
- G) If travel from hotel to conference site is incurred or the location of the conference is not listed on the mileage chart, please attach map quest printout with this form.

REIMBURSEMENT REQUEST SHOULD BE SUBMITTED WITHIN TWO WEEKS FROM THE LAST DAY OF THE MEETING ATTENDED.
ADVANCED PAYMENTS ARE APPROVED ONLY ON MEETINGS OF THREE (3) OR MORE NIGHTS.