


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:
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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 \$16.00	Lunch / Tip \$19.00	Dinner / Tip \$28.00	
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 \$20.00	Lunch / Tip \$22.00	Dinner / Tip \$33.00	
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 #		