



**TRAVEL EXPENSE REIMBURSEMENT FORM 7/1/15-6/30/16**

|                 |                 |                |                        |                        |      |       |        |
|-----------------|-----------------|----------------|------------------------|------------------------|------|-------|--------|
| Employee's Name |                 | Street Address |                        |                        | City | State | Zip    |
| Fund (xxxx)     | Location (xxxx) | Object (xxxxx) | Function (Dept) (xxxx) | Project/Grant (xxxxxx) |      |       | AMOUNT |
|                 |                 |                |                        |                        |      |       |        |
|                 |                 |                |                        |                        |      |       |        |
|                 |                 |                |                        |                        |      |       |        |
|                 |                 |                |                        |                        |      |       |        |
|                 |                 |                |                        |                        |      |       | \$ -   |

\* = Detailed Documentation/receipts are required for these items. Include documentation/receipts with this form.

Current Meal Allowances:  
Breakfast: \$7.00  
Lunch: \$10.00  
Dinner: \$17.00

| Date            | From | Destination | Number of miles | Specific Description of Business<br>(For instructional travel, state course no.) | Hotel Name | Cost of Room* | Cost of Meal* (with Tip) |          |          | Specific Description of Other Expenses/Comments | \$ Amt of Other * |
|-----------------|------|-------------|-----------------|--|------------|---------------|--------------------------|----------|----------|---|-------------------|
|                 |      |             |                 |  |            |               | Morning                  | Noon     | Evening  |   |                   |
|                 |      |             |                 |  |            |               |                          |          |          |   |                   |
|                 |      |             |                 |  |            |               |                          |          |          |   |                   |
|                 |      |             |                 |  |            |               |                          |          |          |   |                   |
|                 |      |             |                 |  |            |               |                          |          |          |   |                   |
|                 |      |             |                 |  |            |               |                          |          |          |   |                   |
|                 |      |             |                 |  |            |               |                          |          |          |   |                   |
|                 |      |             |                 |  |            |               |                          |          |          |   |                   |
|                 |      |             |                 |  |            |               |                          |          |          |   |                   |
|                 |      |             |                 |  |            |               |                          |          |          |   |                   |
| <b>Totals</b> → |      |             | -               | Total Miles x Current Mile Allowance of .54                                      |            | \$ -          | \$ -                     | \$ -     | \$ -     |   | \$ -              |
|                 |      |             |                 |  |            | <b>A</b>      | <b>B</b>                 | <b>C</b> | <b>D</b> | <b>E</b>  | <b>F</b>          |

All travel expense items on this form represent the actual, necessary, and reasonable expenses incurred in the performance of my official duties and no portion of this claim was provided free of charge, was previously reimbursed by the School District of Tomahawk, or was reimbursed by a person or organization other than the district.

Total Expenses: (A+B+C+D+E+F) \$ -  
Less Advance Check # \$ -  
**NET REIMBURSEMENT AMOUNT** \$ -

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by (Principal Signature) \_\_\_\_\_ Date \_\_\_\_\_

Approved by (District Administrator Signature) \_\_\_\_\_ Date \_\_\_\_\_