



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

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

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

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

Date	From	Destination	Number of miles	Specific Description of Business (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		
Totals →			-	Total Miles x Current Mile Allowance of .54		\$ -	\$ -	\$ -	\$ -		\$ -
						A	B	C	D	E	F

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 _____