

# IN-STATE TRAVEL EXPENSE FORM

EMPLOYEE NAME: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_

beginning time of trip: \_\_\_\_\_ ending time of trip: \_\_\_\_\_

**MEAL DETAILS:** *(No receipt - no reimbursement. Receipts must be itemized.)*

DATE	BREAKFAST 12:01am-10:am (max \$7.50)	LUNCH 10:01am-3pm (max \$8.50)	DINNER 3:01pm-12am (max \$14.50)	TOTAL

**EXPENSE SUMMARY:** *(No receipt - no reimbursement. Receipts must be itemized.)*

MEALS (record total here) \$ \_\_\_\_\_

LODGING (max: \$83 + tax)- in state \$ \_\_\_\_\_

\*refer to 7336E for information re high cost cities.

MILEAGE \_\_\_\_\_ miles @ \$0.625 per mile \$ \_\_\_\_\_

\*refer to district mileage list

OTHER TRANSPORTATION: specify \_\_\_\_\_ \$ \_\_\_\_\_

OTHER EXPENSES: specify \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

I hereby certify that this is a true and correct claim for necessary expenses incurred and for which I have not been reimbursed in any form.

\_\_\_\_\_  
*Signature*

APPROVED BY:

\_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

budget code: \_\_\_\_\_ Vendor#: \_\_\_\_\_ Claim#: \_\_\_\_\_