



Travel Request and Expense Reimbursement – 2017-18

Traveler to complete the top section and obtain supervisor’s approval prior to trip. Only one traveler per form!

Today’s Date: _____ Employee ID: _____ Campus: _____

Name: _____ Title: _____

Reason for Travel: _____ Destination: _____

If using grant funds, you must select one of the following grant objectives per the DIP/CIP. Travel is necessary for this reason:

Students will read on level/higher by the beginning of 3rd gr. and will remain on level/higher as an MISD student. (V2020-1)

Students will demonstrate mastery of Alg I by the end of 9th gr. (V2020-2)

Address a goal from a PDSA chart in the District Improvement Plan (copy goal here): _____

Address a goal from a PDSA chart in the Campus Improvement Plan or a need in the Comprehensive Needs Assessment (copy goal here): _____

Departure Date and Time (Time must be specific i.e. 7:00am): _____

Return Date and Time (Time must be specific i.e. 8:00pm): _____

Will this traveler require a substitute? Yes No
 If Yes, provide budget code to pay substitute: _____

AESOP (Absent from Duty System) Confirmation Number: _____

NOTE: Per local guidelines, the lodging rate is \$85 plus city/local taxes per night, per employee. This amount may be increased up to the amount published in the current GSA with supervisor approval. By signing below, I understand that I must comply with grant regulations and have printed and attached the GSA published rate for the city or county to which I’m traveling (go to www.gsa.gov/portal/category/100120). If the location is not published in the GSA, the \$85 limit will be used. The employee is responsible for any cost greater than \$85 or the GSA rate. A GSA rate over \$120 requires Executive Council approval.

Employee Signature: _____ Supervisor’s Approval: _____

Executive Council Approval: _____

Traveler to complete the bottom section upon return from trip. After attaching receipts for expenses other than food, Mapquest documentation of any mileage, and a copy of Skyward check request, obtain supervisor’s approval. Do not include costs of items previously advanced. Forward completed form to the Accounts Payable Office for reimbursement within 30 days of travel.

Date	Mileage (\$0.535/mile)	Lodging* (\$85/GSA rate + tax)	Food** (see below)	Parking***	Other***	Total
Total Reimbursement Due Employee:						

*Indicate any additional employees staying in room: _____

****NO RECEIPTS REQUIRED- UP TO \$7 Breakfast, \$11 Lunch, \$18 Dinner - Reimbursable only for overnight or student sponsor travel based on departure/return time. FEDERAL: DO NOT USE FLAT RATES. ENTER ONLY ACTUAL MEAL EXPENSES WITHOUT TIPS.**

***RECEIPTS REQUIRED for parking and other expenses.

Employee Signature: _____

BY SIGNING I CERTIFY THAT ALL EXPENSES ARE ACTUAL AND ACCURATE

Budget Code	Amount

Budget Owner Approval: _____ Business Office Approval: _____