



# Travel Expenses and Reimbursement

Traveler to complete this form upon return from trip and submit to accounts payable **within 10 days of travel.**

Today's Date: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Campus: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Travel: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

- 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 3<sup>rd</sup> gr. and will remain on level/higher as an MISD student. (V2020-1)
  - Students will demonstrate mastery of Algebra I by the end of 9<sup>th</sup> 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): \_\_\_\_\_

**Required documentation must be attached to the requisition for reimbursement (see list below). Do not include costs of items previously advanced or reimbursed.**

**\*LODGING:** The rate is \$94 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 and attachment of the GSA rate from [www.gsa.gov/portal/category/100120](http://www.gsa.gov/portal/category/100120). The employee is responsible for any cost greater than \$94 or the GSA rate. A rate over GSA requires Executive Council approval.

**\*\*FOOD:** NO RECEIPTS REQUIRED for food: \$41 first and last day; \$50 for other days; if meals are provided deduct \$13 Breakfast, \$14 Lunch, \$23 Dinner. Meals are reimbursable only for overnight or student sponsor travel.

**FEDERAL: DO NOT USE FLAT RATES OR PER DIEMS. ENTER ONLY ACTUAL MEAL EXPENSES WITHOUT TIPS up to \$13 Breakfast, \$14 Lunch, \$23 Dinner.**

Date (1 row per day)	Mileage (\$.5600/mile)	Lodging* (\$94/GSA rate + tax)	Food** (see above)	Parking Receipts Required	Other Receipts Required	Amount Paid w/MISD Cr. Card	Amount for Reimbursement
<b>Total payments made with MISD credit card:</b>							
<b>Total reimbursement due:</b>							

Indicate any additional employees staying in room: \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**\*BY SIGNING I CERTIFY THAT ALL EXPENSES ARE ACTUAL AND ACCURATE (AND COMPLIES WITH GRANT REGULATIONS IF APPLICABLE)\***

**Supervisor Signature:** \_\_\_\_\_

**Executive Council Signature (if Lodging is over GSA Rate):** \_\_\_\_\_

**PO #** \_\_\_\_\_

**PO # MUST BE INCLUDED BEFORE SUBMITTING REIMBURSEMENT PAPERWORK TO A/P**

### ATTACHMENTS FOR REIMBURSEMENT

- Conference Agenda (required)
- Directions (MapQuest or Google)
- Hotel Invoice/Receipt (required if overnight stay; GSA Published Rate for Hotel if > \$94)
- Receipts

Budget Code	Amount

Business Office Approval: \_\_\_\_\_