

Homewood City Schools EMPLOYEE TRAVEL REIMBURSEMENT FORM

Name: _____ Today's Date: _____

Position: _____ School: _____

Purpose of Trip: _____ Destination: _____

Date & Time of Departure: _____ Date & Time of Return: _____

Travel Expenses: *All Purchase orders should be opened when the Conference & Travel Approval Form is submitted.*

Hotel: Number of Nights _____ *Attach bills to verify claim.* \$ _____

Airfare: _____ *Attach receipts.* \$ _____

Auto: Total Miles Roundtrip: _____ @ \$.70 per mile \$ _____
Attach MapQuest or similar from the shortest distance of home/work to location

Meals Reimbursed @ Per Diem below for OVERNIGHT stay \$ _____
Reimbursed @ Per Diem below 75% MAXIMUM (w/o overnight stay)

Standard (\$63/\$47.25) _____ x \$16 = \$ _____; _____ x \$19 = \$ _____; _____ x \$28 = \$ _____

Gulf Shores/Mobile/Huntsville (\$69/\$51.75)
_____ x \$18 = \$ _____; _____ x \$20 = \$ _____; _____ x \$31 = \$ _____

(Breakfast) (Lunch) (Dinner)

Sub-Total, Travel Expenses \$ _____

Other Expenses: (Parking, Baggage Fees, Shuttle or taxi to/from airport; Hotel Wi-Fi, etc.):
Itemize & Attach Receipts.

1. _____ \$ _____

2. _____ \$ _____

Sub-Total, Other Expenses \$ _____

List names of any other persons for whom you paid expense and are claiming travel reimbursement.

Total Reimbursement \$ _____

Copies of workshop agendas (including beginning and ending dates) should be included.

I certify that the above is correct and due for services performed and/or travel.

Signature: _____ Date: _____

Direct Supervisor/Designee Date

Fund Manager Date