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:_____@ $.625 per mile** **$_____**
Attach MapQuest or similar from the shortest distance of home/work to location

Meals **Reimbursed @ Per Diem of $40 per day for OVERNIGHT stay** **$_____**
Reimbursed @ Per Diem of $30 per day MAXIMUM (w/o overnight stay)

_____ **x $7 = $_____** ; ____ **x $10 = $_____** ; ____ **x $23 = $_____**
(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._____ **$_____**

3._____ **$_____**

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**