ATLANTA INDEPENDENT SCHOOL DISTRICT TRAVEL REIMBURSEMENT REQUEST

I					5 .	I
Employee					Date	
name:					Submitted:	
					-	
Destination:						
20311110111.					Departure Date	Time
Durbasa	1			7	Departite Date	IIIIIC
Purpose						_
of Trip:						
					Return Date	Time
MEALS	Receipts are re	quired to be	attached. Maxim	um is \$46 f	ull day or \$23 half	day.
	Half day is defined as departure after 1 p.m. or return before 1 p.m.					
	Reimbursement for overnight meals only. Deduct alcohol and related tax.					
	Fill out the chart b	elow with actu	al meal receipts not to	exceed mo	ıximum.	
Full Day Meals	Half Day Meals			\neg		
Enter	Enter actual amount	Enter	Enter actual amount	_		
Date	not to exceed \$46	Date	not to exceed \$23			
	·		·	\dashv		
				_		
Totals	\$ -		\$ -		TOTAL MEALS	\$ -
10.0.0	Y			_		Y
LODGING	Receipts are required to be attached.					
	Lodging reimbursable only if not prepaid by AISD. TOTAL LODGING					\$ -
A 115 C						
AUTO	Use approved mileage chart or attach Mapquest document.					
	Evidence of unavailability of district vehicle be attached before mileage will be paid.					
	DO GITACITO DE IC	ore trilleage wil	, so paid.			
Enter # miles) miles@	.625 per mile (Reviso	ed 7/1/2022)	TOTAL AUTO	\$ -
			•	ŕ		· ·
OTHER	Receipts are requi	ired to be atta	ched.			
				_		
Description		enter\$	\$ -			
Description	1	enter\$	\$ -			
					TOTAL OTHER	\$ -
GRAND TOTAL						\$ -
						<u> </u>
				Employee	Signature	
<u> </u>						