

Drew Central School District Travel Expense Reimbursement Form

Employee Name: _____ Date: _____

Purpose of Trip: _____

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

Year		DETAILED EXPENDITURES (Other Than Mileage)							TRAVEL BY PERSONAL VEHICLE				
Mo	Day	Breakfast	Lunch	Dinner	Hotel	Parking	Other	Total	From	To	for office use only		
											Miles	Rate/Mile	Total
Subtotals:													

*Meals will ONLY be reimbursed when an overnight stay is involved. Receipts are not required for meals. Meals will not be reimbursed for more than the maximum meal allowance: Breakfast \$8 Lunch \$12 Dinner \$20 **Tips & Alcoholic Beverages are NOT ALLOWABLE Expenses**

*Itemized, dated, original Receipts must be attached for ALL expenses other than meals. CREDIT CARD RECEIPTS ARE NOT ACCEPTABLE.

*Attach Agenda if conference/meeting is attended. If an agenda is not available, attach a copy of the registration.

Employee Signature: _____

Principal or Supervisor Signature: _____

Superintendent Signature : _____

Budget Unit: _____	Account: _____	Total: _____
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