



HUNTSVILLE SCHOOL DISTRICT TRAVEL & HOTEL FORM



PD Attended: _____ Fund to be paid from: _____

NOTICE: Request for reimbursement of travel expenses *MUST* be received in the Administration Office within Ten (10) days after the final day of the activity. **No personal expenses are reimbursable.**

Name:	School:
Service Area:	Telephone:

IDENTIFICATION AND LOCATION OF MEETING:

Date	From	To	Miles

(Mileage rate subject to change) Total Mileage: _____
 Rate: _____ x .42
Amount Due: _____

RECEIPTS MUST BE ATTACHED:

Date	Lodging Place	Town	Lodging Cost	Daily Cost

Total: _____

IF APPLICABLE, ATTACH THE FOLLOWING RECEIPTS:

Registration fee: _____
 Parking: _____
 Dues: _____
 Other: _____

TOTAL AMOUNT OF TRAVEL, LODGING, REGISTRATION, PARKING, ETC.: _____

I hereby certify that the account presented herewith is a correct and true statement of travel expenses incurred by me for the meeting/s listed.

 Date Signature

Date

Amount Approved

 Special Population Coordinator Principal Superintendent