

Account Code: _____
 PO#: _____

ELDON ADMINISTRATIVE UNIT R-1
 ELDON, MISSOURI

TRAVEL REIMBURSEMENT REQUEST

To: Office of Superintendent of Schools

From: _____

DATE	DESTINATION	PURPOSE	MILEAGE (@ .47 per mile)		FOOD	LODGING	MISC.	TOTAL
			MILES	COST				

Approved: _____ Principal

Approved: _____ Business Manager

Total: _____

Employee Signature: _____

NOTE: All reimbursements require an original receipt. No credit card receipts are acceptable, only detailed invoices/receipts. Candy, snacks, gratuities and alcoholic beverages will not be reimbursed. Meal expense will be reimbursed only when purchased out of district during district approved, overnight travel. Allowable reimbursement for meals is \$30 per day.