

Account Code: _____
 PO#: _____

ELDON SCHOOL DISTRICT

TRAVEL REIMBURSEMENT REQUEST

To: Central Office

Employee: _____

DATE	DESTINATION	PURPOSE	MILEAGE (@ .49 per mile)		FOOD	LODGING	MISC.	TOTAL
			MILES	COST				

Approved: _____ Principal

Approved: _____ Business Manager

Total: _____

Employee Signature: _____

NOTE: All reimbursements require an original receipt. Credit card receipts are not acceptable, only detailed invoices/receipts. Reimbursement rates follow the meal per diem guidelines according to the Office of Administration meal chart. The district will not reimburse for the following: gratuities, alcoholic beverages, or the cost of meals that will be paid for or reimbursed by the district as part of the registration fees. Meal expenses will be reimbursed only when purchased out of district during district-approved, overnight travel.