

Account Code: \_\_\_\_\_  
 PO#: \_\_\_\_\_

**ELDON SCHOOL DISTRICT**

**TRAVEL REIMBURSEMENT REQUEST**

To: Central Office

Employee: \_\_\_\_\_

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, tax, 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.**