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## ELDON SCHOOL DISTRICT TRAVEL REIMBURSEMENT REQUEST

To: Central	Office									
Employee:			_							
	DESTINATION	PURPOSE	MILE	MILEAGE		FOOD				
DATE			(@ .655 per mile)  MILES COST					LODGING	MISC.	TOTAL
			MILES	COST	Breakfast	Lunch	Dinner			
Approved:		,			,		Total	Reimbursabl	e Expense:	
	Administrator		<del>-</del>							
		Emplo	yee Signature:					Date:		

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.