ACCOUNT CODE

ELDON SCHOOL DISTRICT
TRAVEL REIMBURSEMENT REQUEST

To: Central Office

Employee: _____

DATE	DESTINATION	PURPOSE	MILEAGE (@ .70 per mile)		FOOD			LODGING	MISC.	TOTAL
			MILES	COST	Breakfast	Lunch	Dinner			

Approved: _____
Administrator

Total Reimbursable Expense: _____

Employee 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.