



# Harlem Consolidated Schools District #122

## Out of District Travel & Meal Reimbursement Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Location: \_\_\_\_\_

City and State traveling to: \_\_\_\_\_ Event: \_\_\_\_\_

**\*\* Please note receipts for ALL claims must be attached (except mileage).**

Date Incurred:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals:
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	
<b>Mileage:</b> <small>(# of Miles @IRS Rate)</small>								
<b>Tolls &amp; Parking:</b>								
<b>Itemized Meal Receipts:</b> <small>Not to exceed \$75 a day</small>								
<b>Airfare, Taxi or Other:</b> <small>(Please specify)</small>								
<b>Total Daily Expenses:</b>								

\$ \_\_\_\_\_ Amount Advanced

\$ \_\_\_\_\_ Balance Returned to District

\$ \_\_\_\_\_ Balance Due to Board Member

**Certification:** By signing below, I hereby certify that the expenses contained herein are bona-fide business expenses and are in compliance with the Harlem School District's Reimbursement Policies and Procedures.

\_\_\_\_\_

\_\_\_\_\_

Board Member Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Approval Signature

Date

*-Office Use Only-*

**Account number(s) to be charged:**

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

Approved: