



# Harlem Consolidated Schools District #122

## Out of District Travel & Meal Reimbursement Form

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

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

Travel to City / State: \_\_\_\_\_ Event: \_\_\_\_\_

Date Incurred:	Sunday Date: ____	Monday Date: ____	Tuesday Date: ____	Wednesday Date: ____	Thursday Date: ____	Friday Date: ____	Saturday Date: ____	Totals:
<b>Mileage:</b> (# of Miles @IRS Rate)								
<b>Tolls &amp; Parking:</b>								
<b>Meals itemized:</b> Not to exceed \$75 a day								
<b>Other:</b> (Please specify)								
<b>Registration Fees</b>								
<b>Hotel Lodging:</b>								
<b>Transportation:</b> (Auto Rentals, Airfare, Buses, Taxi)								
<b>Total Daily Expenses:</b>								

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

# \_\_\_\_\_

# \_\_\_\_\_

# \_\_\_\_\_

Amounts Advanced . . . . . \_\_\_\_\_

Balance Returned to District . . \_\_\_\_\_

Balance Due Employee . . . . . \_\_\_\_\_

**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.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please Note

The following items need to be attached to this report before claims are processed.

Employee Travel Request Attached ☐

Receipts for ALL claims attached (except mileage) ☐

Approved: March 20, 2017