J . Sterling Morton High School District 201
2025-2026 Travel Reimbursement Form

Attendee's Name:	**Fernando Godinez**	**Home Address:**	
Department:	**Board of Education**		
Conference/Meeting name:	**Joint Annual Conference**	**Board Approved Date: 6/11/2025**	
		Must have Board Approval if travel is overnight.	

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Paid by Me	Charged to School
Dates					11/21/25	11/22/25	11/23/25		
Enter Miles (start/end location)									
Mileage Cost @ .70 cents/mile	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Tolls								$ -	
Parking								$ -	
Air Fare								$ -	
Baggage Fees								$ -	
Rail Fare / Subway Fare								$ -	
Car Rental								$ -	
Hotel Internet Fee								$ -	
Lodging								$ -	
Breakfast (check the box)	☐	☐	☐	☐	☐	☐	☐	$ -	
Lunch (check the box)	☐	☐	☐	☐	☐	☐	☐	$ -	
Dinner (check the box)	☐	☐	☐	☐	☐	☐	☐	$ -	
Conference fees								$ -	
Banquet Fee								$ -	
Taxi / Shuttle								$ -	
Other: Per Diem for Board of Education					$ 37.50	$ 75.00	$ 37.50	$ 150.00	
LESS ADVANCE									
Total Reimbursement	$ -	$ -	$ -	$ -	$ 37.50	$ 75.00	$ 37.50	$ 150.00	$0.00

Per Diem rate for the following meals: Breakfast $20.00 / Lunch $22.00 / Dinner $38.00 **The Per Diem rate for meals is $80.00.**

Itemized receipts for tolls, parking, air fare, baggage fees, rail fare, subway/bus fee, car rental, hotel internet fee, lodging, conference fee, banquet fee or other will be needed to verify expenditures. Mileage reimbursement shall not exceed the cost of round-trip coach air fare.

All reimbursements must be submitted within 60 days of the travel.

I certify that the above reimbursable expenses were actually incurred by me as indicated and were incurred for travel to and from the conference specified above.

Signature: Fernando Godinez (CoC) **Date:** 12/5/25 **Date:**

Approved by Director:

Account #: **10E001-2310-3340-00-000702** **Date:**

Asst. Supt. of Educational Programs

Updated: 07/01/2025 (LS)