



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

Amounts Advanced _____

Balance Returned to District _____

Balance Due Employee _____

Account number(s) to be charged:

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: _____