



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: _____