



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:
Mileage: (# of Miles @IRS Rate)								
Tolls & Parking:								
Meals itemized: Not to exceed \$75 a day								
Other: (Please specify)								
Registration Fees Hotel Lodging:								
Transportation: (Auto Rentals, Airfare, Buses, Taxi)								
Total Daily Expenses:								

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: _____