

DORCHESTER SCHOOL DISTRICT FOUR
REQUEST FOR TRAVEL REIMBURSEMENT

For reimbursement of travel expenses, complete this form and submit to the District Office. Please attach a copy of your approved Leave Request Form. ***Failure to attach a copy of your Leave Request Form will delay the processing of your reimbursement.***

Name _____ Date _____ Location _____

Expenses

If lodging and registration fees were not prepaid by the District, attach required documentation for reimbursement.

Item:	Cost:	Required Documentation:
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Registration fees (including banquet costs)	\$ _____	Receipt required
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Lodging	\$ _____	Receipt required
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In State Meals: Breakfast \$8.00 – Lunch \$10.00 – Dinner \$17.00 or limit of \$35.00 per day for meals. Out of State Meals: Breakfast \$10.00 – Lunch \$15.00 – Dinner \$25.00 or limit of \$50.00 per day for meals

Total Meals	\$ _____	Receipt not required
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Total Mileage - # of miles _____ x \$.625	\$ _____	Receipt not required
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Plane ticket – coach only. (Auto mileage not to exceed airfare)	\$ _____	Receipt required (unless paid by District)
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Tips (Baggage handling, taxi, meals, etc.)	\$ _____	Receipt required
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Other expenses (parking, telephone, etc.)	\$ _____	Receipt required
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Total expenses	\$ _____	
(Attach bills, invoices, charge slips or written evidence of expenses that require receipts)		

Account Number _____

Signature _____
Staff Member

Date _____

Signature _____
Principal/Supervisor

Date _____

Signature _____
Finance Office

Date _____

Signature _____
Superintendent

Date _____