

# BALLARD COUNTY SCHOOLS

## 2024-25 (effective 1/1/25)

### TRAVEL REIMBURSEMENT

**NAME** \_\_\_\_\_ **VENDOR#** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PURPOSE AND LOCATION**

DATE OF OVERNIGHT STAY	DAY OF TRAVEL _/_/___	2ND NIGHT STAY _/_/___	3RD NIGHT STAY _/_/___	4TH NIGHT STAY _/_/___	5TH NIGHT STAY _/_/___	RETURN DAY _/_/___	TOTAL
Breakfast							0
Lunch							0
Dinner							0
<b>TOTAL MEALS*</b>							0
<b>ROOM COST</b>							0
<b>REGISTRATION FEE</b>							0
<b>PARKING</b>							0
<b>MISC.</b>							0
<b>SUBTOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

LINE 1  
LINE 2  
LINE 3  
LINE 4  
LINE 5  
LINE 6 =  
(LINE 1-5)

**RECEIPTS ARE REQUIRED FOR ALL REIMBURSEMENTS. DAILY FOOD ALLOWANCE INCLUDES TIP AMOUNT.  
DAY OF TRAVEL IS FIRST NIGHT'S STAY.**

**\*REASONABLE EXPENSE ON DAYS OF MEETING AND TRAVEL IS CONSIDERED TO BE \$50.00.**

**MILEAGE** \_\_\_\_\_ **0**

LINE 7

**TOTAL MILES (LINE 7) X 43 CENTS PER MILE (EFFECTIVE 1-1-25)** \$ -

LINE 8

**TOTAL TO BE REIMBURSED** **\$0.00**

LINE 9 =  
LINE 6 + 8

**PAY FROM MUNIS CODE:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**APPROVED BY** \_\_\_\_\_

**DATE** \_\_\_\_\_