

# ALEXANDER CITY SCHOOLS

## TRAVEL EXPENSE RECONCILIATION - BOE VISA CARD PAYMENTS

PLEASE COMPLETE ALL AREAS OF FORM

THIS FORM MUST BE SUBMITTED TO THE BOOKKEEPER WITHIN **5 DAYS** OF TRIP.

Approved AESOP page with notes

Itemized Receipts

Car Request/Denial Form

Event brochure with dates and times

Hotel Folio

Name: \_\_\_\_\_ Location: \_\_\_\_\_ EVENT: \_\_\_\_\_ Name/Date/Location: \_\_\_\_\_ Date Received by Bookkeeper: \_\_\_\_\_

### ALLOWABLE EXPENSES - BOARD CREDIT CARD (attach all original itemized invoices or receipts)

(a) Registration: \$ \_\_\_\_\_ (b) Lodging: \$ \_\_\_\_\_ (c) Coach Airline Tickets: \$ \_\_\_\_\_ (d) Baggage Handling Fees: \$ \_\_\_\_\_  
 (e) Parking/Tolls: \$ \_\_\_\_\_ (f) Taxi: \$ \_\_\_\_\_  
 (g) Other Expenses: \$ \_\_\_\_\_ (h) Meal Expenses: \_\_\_\_\_

Day Trip (Maximum Breakfast - \$13.00; Lunch - \$18.00; Dinner - \$25.00) (Gratuity not to exceed 15%, part of maximum allowance)

Over-Night Trip (Maximum \$56/day) (Gratuity not to exceed 15%, part of maximum allowance)

Date	Breakfast (\$13.00) BEFORE 6:30AM		Lunch (\$18.00) 11:00AM-2:00PM		Dinner (\$25.00) 6:00PM-8:00PM		(h) Daily Meal Totals	Meal Overage
	Location	Amount	Location	Amount	Location	Amount		
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
<b>TOTAL MEAL EXPENSE</b>							\$	\$

Bookkeeper Initial/Date \_\_\_\_\_

I certify that the above is correct and due for services and/or travel reimbursement

\_\_\_\_\_  
 Applicant Signature Date

TOTAL AMOUNT PAID BY BOARD	\$ _____
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G/L Account # (list below)	Amount	Fund Name

**Approved for Payment:**

_____ Principal's Signature	_____ Date	_____ CSFO's Signature	_____ Date
_____ Fund Supervisor's Signature (if applicable)	_____ Date	_____ Superintendent's Signature (if applicable)	_____ Date