



**DeKalb County  
Board of Education**

*Every student counts, every moment matters.*

**Request for Reimbursement of Out-of-County Travel Expenses**

Employee: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_

Conference Name: \_\_\_\_\_

Reimbursements must be submitted to Central Office within 30 days of conclusion of the conference.

For Board policies on travel go to: <http://www.dekalbschools.net/?DivisionID=21489>

**Expenses Incurred** – DCBOE requires itemized receipts for all reimbursement requests. Overnight stay is required for any meal reimbursement: \$13/Breakfast \$15/Lunch \$26/Dinner

Category	Amount	Receipt(s) Attached ✓
Airfare	\$	
Total miles _____ @ _____ /mile Mileage	\$	
Car Rental / Taxi Fare	\$	
Parking Fees	\$	
Breakfast(s)	\$	
Lunch(es)	\$	
Dinner(s)	\$	
Lodging	\$	
Total Amount Requested	\$	

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_