

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		
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
TOTAL MEAL EXPENSE							\$	\$

Bookkeeper Initial/Date _____

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

_____ Date _____
 Applicant Signature

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 _____