

ALEXANDER CITY SCHOOLS TRAVEL EXPENSE REIMBURSEMENT REQUEST - EXPENSES PAID BY EMPLOYEE

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 - PAID BY EMPLOYEE (attach all original itemized invoices or receipts for reimbursable items)

(a) Registration: \$ _____
 (b) Lodging: \$ _____
 (c) Coach Airline Tickets: \$ _____
 (d) Baggage Handling Fees: \$ _____

(e) Parking & Toll Fees: \$ _____
 (f) Taxi Fees: \$ _____
 (g) Personal Vehicle Mileage: _____ begin odometer _____ end odometer

h) Other Expenses: \$ _____
 Total miles = _____ @ \$.70/mile = \$ _____

A Board car denial must be attached to be eligible for mileage reimbursement.

Meal Reimbursement

Date	Breakfast (\$13.00) BEFORE 6:30AM		Lunch (\$18.00) 11:00AM-2:00PM		Dinner (\$25.00) 6:00PM-8:00PM		(l) 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

TOTAL AMOUNT PAID BY BOARD

\$

Applicant Signature _____

Date _____

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 _____