

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
TOTAL MEALS*							0
ROOM COST							0
REGISTRATION FEE							0
PARKING							0
MISC.							0
SUBTOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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 FOR MEALS ON DAYS OF TRAVEL IS CONSIDERED TO BE \$20.00.**

***REASONABLE EXPENSE ON DAYS OF MEETING AND TRAVEL IS CONSIDERED TO BE \$35.00.**

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 _____