



TRAVEL REIMBURSEMENT FORM

BARNWELL SCHOOL DISTRICT 45

Name _____

SS# (last 4) _____ Date _____

School/Department _____

Travel Destination _____

Departure Date & Time _____

Return Date & Time _____

Date	Airfare	Miles Traveled	Lodging	Meals			Conference Registration	Parking	Other	Totals
				Breakfast	Lunch	Dinner				
Subtotal										
		X \$0.545								
Totals										

Notes/Explanations: _____

Grand Total	
Less District/School Credit Card Charges/Advances	

Account Number _____

Total Reimbursement/Refund	
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Signature _____ Date _____

Authorized by _____ Date _____

Principal/Supervisor

See instructions on back for per diem rates.

Approved Travel Authorization Form and Conference Program **MUST** be attached.

Revised January 2018



TRAVEL REQUEST

BARNWELL SCHOOL DISTRICT 45

Name	Date	
School/Department	Travel Destination	
Approximate Cost	Dates of Conference/Travel	
Purpose of Travel		
Account Number _____		
Signature _____	Date _____	
Authorized by _____	Date _____	
Principal/Supervisor		
Approved _____	Not Approved _____	Date _____
		Date _____
Superintendent		

NOTE: THIS FORM MUST BE APPROVED BY THE SUPERINTENDENT OR DESIGNEE BEFORE TRAVELING ON SCHOOL DISTRICT BUSINESS.
 REQUESTS FOR REIMBURSEMENT WILL NOT BE HONORED UNLESS ACCOMPANIED BY THIS FORM.

BARNWELL SCHOOL DISTRICT 45
INSTRUCTIONS FOR TRAVEL REIMBURSEMENT FORM

1. **Name:** This should be the name of the person the check should be made payable to. Please print. Do not use nick-name.
2. **Social Security Number:** Please use only the last 4 digits of the payee's social security number.
3. **Date:** This is the date the form is being completed.
4. **School/Department:** This is the location within the District where payee works.
5. **Travel Destination:** This is the city and state to which the employee is traveling.
6. **Departure Date & Time:** This is the date and time that the employee left home/office in transit to meeting.
7. **Mileage:** Actual mileage should be entered. The dollar amount for the corresponding mileage amount should be entered in the total line at the bottom of the table.
8. **Expenses:** Enter all expenses on a daily basis. Detailed original receipts for all expenses (except mileage) must be attached as proof that the expense was paid by the employee.
9. **Meals:** Meals may be reimbursed for actual expenditures incurred up to the District's meal allowance. Allowance includes tips. Meals must be within the guideline of the chart below. When meals are provided with the conference registration, those meals will not be reimbursed.

Meal	Depart Before	Return After	In-State	Out of State Myrtle Beach Charleston Hilton Head
Breakfast	6:30 a.m.	11:00 a.m.	\$ 6.00	\$ 7.00
Lunch	11:00 a.m.	1:30 p.m.	\$ 7.00	\$ 9.00
Dinner	5:15 p.m.	3:30 p.m.	\$ 12.00	\$ 16.00

10. **Totals:** If total expenses are greater than expenses paid on the District/School credit card and any advances received, the employee will receive a refund. If total expenses are less than expenses paid on the District/School credit card and advances received, the employee should attach a check payable to Barnwell School District 45.
11. **REQUEST FOR REIMBURSEMENT MUST BE MADE WITHIN 10 WORKING DAYS AFTER COMPLETION OF TRAVEL.**

