



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 | | Date | |
| Not Approved | | 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-narr
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.**



OUT-OF-DISTRICT TRAVEL REIMBURSEMENT FORM

BARNWELL SCHOOL DISTRICT 45

Name _____

Vendor Number _____ 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 | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Subtotal | | | | | | | | | | |
| | | X \$0.58 | | | | | | | | |
| Totals | | | | | | | | | | |

Notes/Explanations: _____

Account Number _____

Signature _____ Date _____

Authorized by _____ Date _____

Principal/Supervisor

| | |
|---|--|
| Grand Total | |
| Less District/School Credit Card Charges/Advances | |
| Total Reimbursement/Refund | |

See instructions for per diem rates.

Approved Travel Authorization Form and Conference Program MUST be attached.

Revised 2019