



**CALHOUN FALLS CHARTER SCHOOL**  
**TRAVEL REQUEST AND REIMBURSEMENT FORM**

Employee Name: \_\_\_\_\_

Destination: \_\_\_\_\_

Dates: \_\_\_\_\_

Reason: \_\_\_\_\_

Complete bottom portion of form upon return and submit to Office Manager for reimbursement. ***All receipts must be attached.***

Miles Traveled \_\_\_\_\_  
Breakfast \$ \_\_\_\_\_  
Lunch \$ \_\_\_\_\_  
Dinner \$ \_\_\_\_\_  
Registration \$ \_\_\_\_\_  
Lodging \$ \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use Only**

Mileage Total = \$ \_\_\_\_\_ (.56)

Total Receipts = \$ \_\_\_\_\_

Overall Total = \$ \_\_\_\_\_

Office Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_