

A. INFORMATION

Employee Name:

School/Work Site:

Home Mailing Address: *Please notify payroll if changed*

Destination (City):

Email: Phone:

Purpose of Travel (Please attach Workshop Agenda):

Account Code(s): (Itemize costs per account and show \$ split)

Accompanying Staff:

B. EXPENSES

*NOTE: An employee is eligible for meal per diem and lodging reimbursement (destination must be greater than 50 miles from the district office to qualify for lodging) only if they are in travel status, outside of the BSD boundaries. Employees must be in*

i. Transportation

\_\_\_\_\_

ii. Lodging

iii. Meals (Paid at Per Diem Rates)                      \$17              \$18              \$34

iv. Miscellaneous

C. CERTIFICATION:

D. APPROVAL: Please sign below and enter reimbursable amount

\$