



SCESD BOARD MEMBER TRAVEL REIMBURSEMENT

BOARD MEMBER NAME: _____ Address: _____

Workshop/Conference: _____ Date(s) of workshop: _____

Location: _____ Purpose: _____

RECEIPTS ARE REQUIRED FOR ALL EXPENSES IN THIS SECTION

Lodging Paid by Board Member	\$ _____	Registration Paid by Board Member	\$ _____
Rental Car Paid by Board Member	\$ _____	Gas Paid by Board Member	\$ _____
Other Expenses Paid by Board Member	\$ _____	Other Expenses Paid by Board Member	\$ _____

MEAL REIMBURSEMENT (complete charts below for each day or attach receipts for each day)

DATE	B \$8	L \$10	D \$18	DAILY TOTAL
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____

DATE	B \$8	L \$10	D \$18	DAILY TOTAL
				\$ _____
				\$ _____
				\$ _____
				\$ _____
				\$ _____

ADVANCED PAYMENT REQUESTED _____ DATE CHECK IS NEEDED BY: _____

please initial here

pick up chk
mail chk
please circle one

MILEAGE REIMBURSEMENT

Date	Starting Location	Destination	Odometer Start	Odometer End	OR TOTAL MILES TRAVELED	FISCAL USE ONLY
TOTAL						

FOR INTERNAL USE ONLY			FOR BUSINESS OFFICE USE ONLY
DESCRIPTION	BUDGET NUMBER	TOTAL MILES	AMOUNT TO PAY
TOTAL REIMBURSEMENT			

BOARD MEMBER SIGNATURE _____ DATE _____

SCESD REPRESENTATIVE SIGNATURE _____ DATE _____