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 _____ (please initial here) **DATE CHECK IS NEEDED BY:** _____ 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

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

BOARD MEMBER SIGNATURE _____ DATE _____

SCESD REPRESENTATIVE SIGNATURE _____ DATE _____