

Herscher Community Unit School District #2

Travel Request and Expense Report

Name: _____ Date: _____

Destination/Type of Meeting: _____

Purpose of Trip: _____

Date(s) of Travel: _____

Estimated Expenses

Mileage _____ @ 53.5¢/mile = \$ _____
 Meals* _____ meals @ \$ _____ = \$ _____
 Lodging _____ nights @ \$ _____ = \$ _____
 Parking & Tolls = \$ _____
 Registration Fee = \$ _____
 Other _____ = \$ _____
 TOTAL ESTIMATED EXPENSES = \$ _____

Actual Expenses

_____ Miles @ 53.5¢/mile = \$ _____
 _____ Meals* = \$ _____
 _____ nights @ \$ _____ = \$ _____
 Parking & Tolls = \$ _____
 Registration Fee = \$ _____
 Other _____ = \$ _____
 TOTAL ACTUAL EXPENSES = \$ _____

Signature of employee requesting travel

Signature of employee requesting reimbursement

(Do NOT Write Below This Line) **** BLDG PRINCIPAL USE ONLY ****

Signature of Supervisor Approving Request

Amount District Has or Will Pay = \$ _____

Budget Account Number to be Charged

Amount of ACTUAL Reimbursement = \$ _____

(Do NOT Leave Blank)

Signature of Supervisor Approving Reimbursement

Date Approved _____

Date Approved _____

Limit of Reimbursement = \$ _____

* MAXIMUM of \$16.00/day for meals (excluding any fees for meals which include a keynote speaker)

The left side of this form is to be completed, using estimated expense amounts, and given to the building supervisor at the time of making the travel request. After approving the travel request, the building supervisor will return this form to the employee who will keep it until after the dates of travel. The right side should then be completed, using actual expense amounts, and then return it to the building supervisor who will approve the actual expense and forward it to the Unit Office for payment. Reimbursement checks are distributed after the regular Board meeting. Approved forms must be in the Unit Office by the 1st day of each month prior to the Board meeting.

RETAIN A COPY FOR YOUR RECORDS BEFORE SUBMITTING TO UNIT OFFICE.