

# 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 \_\_\_\_\_ @ 54.5¢/mile = \$ \_\_\_\_\_  
 Meals\* \_\_\_\_\_ meals @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Lodging \_\_\_\_\_ nights @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Parking & Tolls = \$ \_\_\_\_\_  
 Registration Fee = \$ \_\_\_\_\_  
 Other \_\_\_\_\_ = \$ \_\_\_\_\_  
 TOTAL ESTIMATED EXPENSES = \$ \_\_\_\_\_

Actual Expenses

\_\_\_\_\_ Miles @ 54.5¢/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 1<sup>st</sup> day of each month prior to the Board meeting.

**Note: Rates change periodically. Please check the Staff Forms section of the District's website for the most up to date version.**

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