

**MILLARD PUBLIC SCHOOLS**

**Employee Travel Reimbursement Request**  
(Overnight Stay Required)

**1. The check for the reimbursement should be made payable to:**

Name: \_\_\_\_\_ Emp. ID # \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Position: \_\_\_\_\_ Location: \_\_\_\_\_

**2. The travel expenses were incurred while attending the following:**

Name & Location of Conference: \_\_\_\_\_  
*(Please provide a copy of the conference itinerary.)*  
 Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
 Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

**3. The registration fees:**

- Were paid by the district with (P-Card  MPS Check  ).
- Were paid by me and I am requesting reimbursement for \$ \_\_\_\_\_  
*(Attach completed registration form and receipt.)*
- There were no registration fees.

**4. The following meal expenses were incurred (including tips):**

*(Enter the actual cost incurred for each meal. If the actual cost exceeded the maximum, limit your reimbursement request to the maximum. Exclude all alcoholic beverages. Write "provided" in the space for any meals paid for through registration fees or sources other than you.)*

Date						
Breakfast (Max: \$12)	\$	\$	\$	\$	\$	\$
Lunch (Max: \$20)	\$	\$	\$	\$	\$	\$
Dinner (Max: \$29)	\$	\$	\$	\$	\$	\$
<b>TOTAL</b> (Max: \$61)	\$	\$	\$	\$	\$	\$

**TOTAL MEAL EXPENSE:** \$ \_\_\_\_\_

**5. The lodging expenses:**

Were paid by the district with (P-Card  MPS Check .

Were paid by me and I am requesting reimbursement in the amount of: \$ \_\_\_\_\_

Name of Hotel/Motel: \_\_\_\_\_

If applicable, list additional staff members sharing this lodging expense:

\_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

*(Attach original itemized lodging receipt. Exclude all meals, movies, and other personal expense items. If non-employees shared the accommodations, exclude the cost above the single occupancy rate. If the single occupancy rate is not documented, it will be presumed to be no more than 80% of the multiple occupancy rate on the lodging receipt.)*

**6. The transportation expenses:**

a. Personal auto mileage: \_\_\_\_\_ miles @ \_\_\_\_\_ \$ \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

If applicable, list any additional staff members traveling in the vehicle:

\_\_\_\_\_

b. Parking, shuttles, and tolls: *(Attach receipts for items over \$25, if available)* \$ \_\_\_\_\_

c. Auto rental:

Paid by the district with (P-Card  MPS Check .

Paid by me and I am requesting reimbursement for \_\_\_\_\_ \$ \_\_\_\_\_  
*(Attach original receipt from car rental company.)*

d. Airfare:

Paid by the district with (P-Card  MPS check .

Paid by me and I am requesting reimbursement for \_\_\_\_\_ \$ \_\_\_\_\_  
*(Attach original receipt from airline or travel agency.)*

di. Baggage Fees: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL REIMBURSEMENT REQUEST: \$ \_\_\_\_\_**

I hereby certify that all of the above expenses were incurred by me in the performance of my duties for the Millard Public Schools.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
District Budget Code