

Per Board Policy DLC-AR, requests for reimbursement and detailed receipts must be submitted within 10 working days of the conclusion of travel and/or incurring an expense.

TRAVEL		
DATE	LOCATION / PURPOSE	MILES
	<i>Mileage total from back of page **</i>	

ACCOUNT CODES					
FUND / FUNCTION					
		342			
		342			
		342			
		342			

Total Mileage _____

Rate _____

TOTAL _____

(Current IRS Rate)

MEALS		
DATE	LOCATION / PURPOSE	COST

*Itemized receipts required. Maximum 15% gratuity.
Limits: Bkfst \$10, Lunch \$15, Dinner \$25.*

ACCOUNT CODES					
FUND / FUNCTION					
		342			
		342			
		342			
		342			

TOTAL _____

LODGING		
DATE	LOCATION / PURPOSE	COST

Request the government rate when making reservations.

ACCOUNT CODES					
FUND / FUNCTION					
		342			
		342			
		342			

TOTAL _____

OTHER		
DATE	ITEMS / PURPOSE	COST

Invoice, receipt or packing slip must be included.

ACCOUNT CODES					
FUND / FUNCTION					

TOTAL _____

GRAND TOTAL

EMPLOYEE SIGNATURE: _____

APPROVAL OF EXPENSES: _____

DATE: _____

Authorized Signature (REQUIRED)

