

**Union County School District
Travel Expense - Reimbursement Request**

Name - and - Last 4 digits of SSN

School or Department

Program

Travel Account Number to be charged

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Purpose of Travel / Trip:

Date	From	To	Personal Vehicle		Fees & Fares (receipts required)				Hotel Charges	Meals (\$32/day max.+ tips)				Grand Total
			Miles	Total \$	Registration	Parking	Taxi	Plane/Train		Breakfast	Lunch	Dinner	Tips	
Subtotal:														\$

Miscellaneous (explain): _____ \$ -

I hereby certify that all items of expense included in the above statement were incurred by me in the discharge of official business and that all data furnished is true and correct to the best of my knowledge.

Total Reimbursement Requested: 0.00

Employee / Board Member Signature Date

Supervisor Approval Date

District Finance Officer Approval Date

- Pre-approved Leave Request must be submitted with this form.
- Mileage is reimbursed at the State rate, currently **54.5** cents per mile.
- **Employee** meals are reimbursed up to \$32 per day + tips, **Receipts required**
- Hotel charges are reimbursed for **Standard Single Occupancy rate** + taxes.
- No hotel reimbursement within 50 miles of Union County.
- Tips are reimbursed at 15%.
- Plane or Train fares are reimbursed at standard coach rate.
- Taxi or Bus fares & tips are reimbursed **with receipt**.

**Form
Revised
Jan. 2018**