

**TRAVEL REIMBURSEMENT REQUEST
RICHLAND COUNTY SCHOOL DISTRICT ONE**

NAME	<input style="width:100%;" type="text"/>	SCHOOL DEPARTMENT OFFICE	<input style="width:100%;" type="text"/>
HOME ADDRESS	<input style="width:100%;" type="text"/>		
	<input style="width:100%;" type="text"/>		
MEETING	<input style="width:100%;" type="text"/>	LOCATION	<input style="width:100%;" type="text"/>
MEETING DATES	Departure	Date:	Return Daily
		Time:	Time:
BUDGET TO CHARGE	<input style="width:100%;" type="text"/>		

REQUESTED REIMBURSEMENTS: REFER TO POLICY DJD, EXPENSE (TRAVEL) REIMBURSEMENTS

TRAVEL	AUTOMOBILE: MILES X ¢ PER MILE	AMOUNT \$
	AIRLINE TICKET (If not prepaid, attach ticket)	AMOUNT \$
REGISTRATION	(If not prepaid, attach ticket)	AMOUNT \$

DATE	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
MEALS	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	AMOUNT \$
LODGING	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	AMOUNT \$

TELEPHONE CALLS	\$	GROUND TRANSPORTATION	\$	
RENTAL CAR	\$	NON-MEAL GRATUITIES	\$	
BAGGAGE HANDLING	\$	OTHER (ITEMIZE)	\$	
PARKING	\$	TOTAL OTHER EXPENSES		AMOUNT \$

TOTAL EXPENSES		AMOUNT \$
LESS AMOUNT PREPAID AND/OR ADVANCED		AMOUNT \$
AMOUNT DUE TO EMPLOYEE		AMOUNT \$

I certify the above expenses were actually incurred by me in the performance of my duties as an employee, Board Member, or committee member of Richland County School District One and that each item is a business expense as defined by the Internal Revenue Service.

SIGNATURE OF TRAVELER _____ DATE _____

Forward, with a copy of approved travel request attached, to person responsible for expenditure approval, who will send form to Accounts Payable for payment. An account settlement for travel must be requested within five workdays of employee's return.

APPROVED PAYMENT _____ DATE _____