TRAVEL REIMBURSEMENT REQUEST
RICHLAND COUNTY SCHOOL DISTRICT ONE

NAME		SCHOOL DEPARTMENT OFFICE	
HOME ADDRESS			
MEETING		LOCATION	

MEETING DATE(S)	Departure	Date:	Return	Date:
		Time:		Time:

BUDGET TO CHARGE	

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								
MEALS								AMOUNT $
LODGING								AMOUNT $

OTHER EXPENSES

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

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

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 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 FOR PAYMENT _____ DATE _____

White Copy (Accounts Payable) Yellow Copy (Traveler)

7/91 09-0660