

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

NAME	John Doe		SCHOOL DEPARTMENT OFFICE	Heyward Career Center
HOME ADDRESS	2918 Malibu Drive Columbia, South Carolina 29201			
MEETING	PLTW Instructor Training		LOCATION	Orlando, Florida
MEETING DATES	Departure	Date: 7/21/2019 Time: 8:00 am	Return Daily	Date: 8/2/2019 Time: 11:00 pm
BUDGET TO CHARGE				

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

TRAVEL	AUTOMOBILE: 300 MILES X .545 ¢ PER MILE	AMOUNT \$ 163.50
	AIRLINE TICKET (If not prepaid, attach ticket)	AMOUNT \$ 0
REGISTRATION	(If not prepaid, attach ticket)	AMOUNT \$ 0

DATE	7/21/19	7/22/19	7/23/19	7/24/19	7/25/19	7/26/19	7/27/19	
MEALS	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	AMOUNT \$
LODGING	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	AMOUNT \$

TELEPHONE CALLS	\$ 0	GROUND TRANSPORTATION	\$ 0
RENTAL CAR	\$ 0	NON-MEAL GRATUITIES	\$ 0
BAGGAGE HANDLING	\$ 0	OTHER (ITEMIZE)	\$ 0
PARKING	\$208.00	TOTAL OTHER EXPENSES	AMOUNT \$ 208.00

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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 \_\_\_\_\_