

**ABERDEEN SCHOOL DISTRICT
TRAVEL EXPENSE CLAIM FORM**

PLEASE ALLOW AT LEAST 1 WEEK TO PROCESS CHECK

Employee Name:	Travel Dates:
Purpose of Travel:	Approved by: (Building Principal/Director)
Budget:	Date Check Needed:

TRANSPORTATION - PLEASE ATTACH RECEIPTS

	# Miles	\$\$ Amt	Totals	
Mileage @ 45 ¢ / Mile				
Airfare				
Taxis / Auto Rental				
Gas				
Other (Please identify)				
Tot Transportation Expense				

LODGING

Most Vendors will no longer take purchase orders. Please try to set up as a direct billing with the Vendor. If they will not do this, you may use the school credit card to make your reservations. You will need to obtain the exact billing amount and we will provide you with a check to pay these charges. You may also elect to prepay this expense and we will reimburse you.

Use this section only if you did not arrange for direct billing. PLEASE ATTACH RECEIPTS.

Name of Hotel(s)	# Nights	\$/Night	Totals	
Total Lodging Expense				

MEALS

	# Meals	\$\$ Amount	Totals	
Breakfast - \$10.00				
Lunch - \$15.00				
Dinner - \$20.00				
Total Meal Expense				

REGISTRATION FEES - PLEASE ATTACH RECEIPTS

To be reimbursed only if you have prepaid the expense, otherwise please use purchase order

Organization	Amount Paid	Totals	
Total Reg Fees to be Reimb:			

MISCELLANEOUS REIMBURSABLE EXPENSES (PLEASE EXPLAIN BELOW and ATTACH RECEIPT(S))

Item to be reimbursed	Where Purchased	Date Purchased	Totals	
1.				
2.				
3.				
Total Misc Expenses Reimb:				

TOTAL AMOUNT REQUESTED BY EMPLOYEE:

Requester Signature _____ MyDoc/Forms/TravelExpForm.wpd
rev: 1/25/23