

All receipts must be original and itemized,
not just the credit card signature slip.

Name of Workshop/Activity

Date

GRAVETTE PUBLIC SCHOOLS
Personal Business Reimbursement Form

NAME: _____

POSITION: _____

| DATE | DESTINATION | <u>MILEAGE</u> | ROUND TRIP | RATE |
|-------|-------------|----------------|------------|-------|
| _____ | _____ | _____ | X .45 = | _____ |
| _____ | _____ | _____ | X .45 = | _____ |
| _____ | _____ | _____ | X .45 = | _____ |
| _____ | _____ | _____ | X .45 = | _____ |
| _____ | _____ | _____ | X .45 = | _____ |

Total Auto Expense _____

| DATE | DAILY COST OF MEALS | <u>MEALS</u> |
|-------|---------------------|--------------|
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |

You must have an original itemized receipt for your meal, not just the credit card signature slip!

Total Meal Expense _____

| DATE | LODGING COST PER TRIP | <u>LODGING</u> |
|-------|-----------------------|----------------|
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |

You must have an itemized receipt for your lodging, not just the credit card signature slip or summary!

Total Lodging Expense _____

| DATE | ITEM | <u>MISCELLANEOUS</u> | AMOUNT |
|-------|-------|----------------------|--------|
| _____ | _____ | | _____ |
| _____ | _____ | | _____ |
| _____ | _____ | | _____ |

Total Miscellaneous Expense _____

Total Claim _____

Employee/Candidate Signature _____
Date

Principal/Supervisor Signature _____
Date

Superintendent/Board Signature _____
Date

Purchase Order No.

Budget Coding

Note: Itemized receipts, not just the credit card signature slip, for all items except auto mileage must be attached. When overnight travel is required, the maximum daily meal allowance shall be \$36.00 per day including gratuity. When overnight travel is not required, the maximum daily meal allowance shall be \$24.00 per day including gratuity. Maximum gratuity amount is 15%. (See Personnel Policy 3.20 – Reimbursement of Expenses) *Please return Original Receipts and Requests for Reimbursement no later than 30 days from the date of the activity.