

**TRAVEL COSTS
MAQUOKETA COMMUNITY SCHOOLS**

Name of Employee _____ Building _____

Dates of Leave _____

Destination _____ Purpose _____

I. RECORD OF MILES: Pre-approved expenses for transportation within 300 miles of the district will be by school district vehicle. If a district vehicle is not available the employee will be reimbursed \$.45/mile. It will be the employee's responsibility to document that a school vehicle was not available. If a district vehicle is available and the employees choose to drive their own vehicle, mileage will be reimbursed one way only. MILES TRAVELED: _____.

II. MEAL COSTS: The maximum meal reimbursement rates are as follows (including tip if applicable):
 Breakfast - actual cost up to \$10.00
 Lunch – actual cost up to \$15.00
 Dinner – actual cost up to \$20.00
**NO double payments will be made. NO reimbursements will be paid without receipts.
NO reimbursements for alcoholic beverages.**

<u>Date</u>	<u>Type of Meal</u>	<u>Cost</u>	<u>Receipt Attached?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. LODGING COSTS: Lodging will be reimbursed at actual cost up to **\$175.00** per night plus applicable taxes.
NO reimbursement will be paid without a receipt.

<u>Date</u>	<u># of Nights</u>	<u>Cost</u>	<u>Receipt Attached?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. OTHER COSTS: Receipt is needed on these reimbursements: air, train, or bus travel and must be approved by the Superintendent in advance.

<u>Date</u>	<u>What For</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. SUMMARY – TOTAL OF ALL COSTS: (PLEASE COMPLETE)

_____ Miles at \$.45 per mile	\$ _____
Meals Expense	\$ _____
Lodging Costs	\$ _____
Other	\$ _____
TOTAL	\$ _____

Employee Signature

Supervisor Signature

Budget Code