



TRAVEL REIMBURSEMENT FORM (ACC-F013)

Instructions: This form must be completed and submitted to Accounts Payable for reimbursement of any travel expense. **A copy of the approved Travel Request Form (ACC-0014) must be attached to this form.**

Reimbursements must be approved by the Administrator/Area Assistant Superintendent and must be accompanied by all necessary receipts before payment will be made.

REQUISITION #:

Name of Employee (please print) _____	Today's Date _____
Home Address _____	Employee ID _____
Work Phone Number _____	School/Department _____
Event Title _____	Dates of Travel/Conference _____ to _____
Were there any meals included in the Registration Fee?	Destination _____
Advance Amount Paid (if applicable) _____	
If yes, how many: Breakfast Lunch Dinner	

ITEMIZED EXPENSES PAID BY EMPLOYEE OR ADVANCE PAYMENT EXPENSES (List Day and Date, e.g., Mon. 1/12)

ITEM	Sun _____	Mon _____	Tue _____	Wed _____	Thu _____	Fri _____	Sat _____
Mileage Personal Car: _____ Miles (@ current mileage reimbursement rate)							
Per Diem Visit the General Services Administration (GSA) website at www.gsa.gov/perdiem for your destination per diem rate. First and last day of travel are only eligible for 75 percent of the per diem rate.							
Breakfast							
Lunch							
Dinner							
Receipts Required Meals (actual costs)							
Bridge Tolls							
Telephone/FAX (Business Calls only)							
Parking							
Taxi, Shuttle							
Lodging							
Registration							
Airfare, rail, bus							
Car Rental							
*Other - itemized (attach sheet, if necessary)							
Daily Totals							

Budget Code(s):

\$	_____	_____	_____	_____
\$	_____	_____	_____	_____
\$	_____	_____	_____	_____

TOTAL ITEMIZED EXPENSES

I hereby certify that:

1. I departed on _____ Date _____ Time _____ and returned on _____ Date _____ Time _____
2. The above is an accurate accounting of my incurred travel expenses.
3. The expenses claimed above are not reimbursable to me or to the District from any other source.

_____ Signature of Employee	_____ Date	_____ Signature of Administrator	_____ Date
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(Form must be signed after expenses are itemized; authorizes payment of claim)

Routing (by requesting site):

Original (with attached travel request) - Accounts Payable (BOX 802B)