

BARTLESVILLE PUBLIC SCHOOLS

REIMBURSEMENT CLAIM
OUT OF DISTRICT TRAVEL

All ITEMIZED receipts must be SIGNED and event attended written on each receipt.

Please submit this claim and all original, signed receipts for meals, lodging, transportation fares, etc. to the Education Service Center. Travel funds must be encumbered prior to trip.

Name: _____ Date: _____
 Meeting(s) _____
 Name of Site: _____ Attended: _____

Location of Meeting(s): _____ Date of Meeting(s): _____

EXPENSES: Please refer to policy DED for guidelines for acceptable receipts.

DATES:					
M E A L S	Breakfast (\$9.00 max)				\$0.00
	Lunch (\$9.00 max)*				\$0.00
	Dinner (\$20.00 max)*				\$0.00
LODGING**					\$0.00
Turnpike Fees					\$0.00
Taxi/bus					\$0.00
Registration					\$0.00
Other					\$0.00
TOTALS		\$0.00	\$0.00	\$0.00	\$0.00

* - Reimbursements shall not exceed the per meal rate. Meal rates can include tip but must not exceed 15%. Rates are compliant with IRS Codes.

** - **LODGING PAID FOR BY:** _____
 District PO# _____ Other Arrangements _____

Mileage Reimbursement:

Travel from BARTLESVILLE to: _____ and return.

Total Miles Driven: _____ x 0.555 \$ -

Plus Expenses Total = \$ -

Net Amount Total = \$ -

I hereby certify that all expenses claimed on this reimbursement form were incurred by me, while acting on behalf of Bartlesville Public Schools.

 Signature of Employee
 Approved by: _____
 Principal Director Supervisor