

## The School District of Springfield R-12 Travel Expense Reimbursement Form

Employee No. \_\_\_\_\_ Vendor Number \_\_\_\_\_  
 Name \_\_\_\_\_ GL Account # \_\_\_\_\_  
Please Print  
 School/ Dept \_\_\_\_\_

Required: Destination (City & State) and Purpose of Travel (Meeting, Seminar, etc)

Day of Week	SUN	MON	TUE	WED	THUR	FRI	SAT	Totals
Date (Month/Day)								
Location (City/State)								
Plane/Train/Car Rental								
Taxis and Shuttles (including tip)								
Parking and Tolls								
Registration								
Lodging								
Meals: (including tip): Breakfast								
Lunch								
Dinner								
Miscellaneous	Amount							
	Description							
<b>Sub Total</b>								
Mileage Reimbursement: Total Miles _____ @ _____ Cents per Mile <small>Established Rate Per Mile</small>								
<b>Amount of Request</b>								

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Administrator Responsible for Budget Area