Union Public Schools
Finance Division

Travel Expense Reimbursement
FOR OVERNIGHT TRAVEL

EMPLOYEE AND EVENT INFORMATION

Employee Name:	**Site:**
Conference / Event / Reason for Travel:	
Event Location:	
Employee PO #:	**Out of State Approval #:**
Account # (OCAS):	

Event Dates

From	To

Travel Dates

Depart	Return

This form shall be completed and submitted within 30 days of completion of travel.

DAILY EXPENSES

DATE	REGISTRATION *List PO# if paid separately*	MILEAGE		AIRPORT PARKING	AIRFARE *List PO# if paid separately*	BAGGAGE FEES	PUBLIC TRANSPORTATION *(Taxi/Uber/Bus/ Rental)*	OTHER PARKING/ TOLLS	LODGING *List PO# if paid separately*	MEAL EXPENSES IN-STATE $50 per day maximum OUT-OF-STATE $75 per day maximum			TOTALS
		Miles	@ $0.58/mi (2019 rate)							BREAKFAST	LUNCH	DINNER	
PO #:				PO #:				PO #:					
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
			0.00										0.00
SUB-TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

OTHER / MISCELLANEOUS EXPENSES

Documentation for Business Meals shall include:

* Name(s) of other individual(s) present;
* business purpose;
* location of meal;
* actual itemized receipt(s)

Other miscellaneous expenses may include:
Purchase of PD materials; shipment of presentation materials; ETC

**** THERE WILL BE NO REIMBURSEMENT FOR ALCOHOL. ****

***Use this section to report (a) itemized Business Meals for other than yourself, and/or (b) any other miscellaneous expenses not recorded above.**

DATE	EXPLANATION	AMOUNT
	SUB-TOTAL	0.00

I affirm that the travel indicated above was performed as stated and that this claim for reimbursement is a true and correct account of expenses, none of which have been previously reimbursed or otherwise provided by other sources. I understand that I may be held liable under possible penalty of law for any falsified expenses or misstatement of claim, in addition to adverse employment actions that may be taken by the district against me, including possible employment termination.

Employee Signature **Date**

I verify the information on and attached to this form is reasonable, complete, and accurate and is in compliance with district policy. I authorize payment of this reimbursement claim and verify (1) the validity of the travel as directly related to the district's educational mission and (2) all charges are against the proper OCAS code.

Administrative Approval **Date**

ATTACHMENT CHECKLIST

- ☐ Registration Form/Information
- ☐ Mileage Map(s)
- ☐ Transportation Receipt(s)
- ☐ Tollway Charts/Charges
- ☐ Hotel Receipt ($0 balance)
- ☐ Itemized Meal Receipts

SUMMARY

REGISTRATION	0.00
TRANSPORTATION	0.00
LODGING	0.00
MEALS	0.00
OTHER	0.00
TOTAL REIMBURSEMENT	0.00

FOR ACCOUNTING USE ONLY	
APPROVAL	
1)	2)