

Ogden Community School District
TRAVEL EXPENSE REIMBURSEMENT REQUEST

NAME (PRINT) _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

PURPOSE OF TRAVEL _____

TRAVEL

CITY	FROM:	TO:			TO:			TO:	
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	TOTAL
CAR MILEAGE (Personal Auto) ±									
PARKING									
HOTEL-ROOM									
BREAKFAST*									
LUNCH*									
DINNER*									
MISCELLANEOUS**									
TOTALS									

Mileage Reimbursement Rate

\$0.50

Total mileage reimbursement

TOTAL REIMBURSABLE

****MISCELLANEOUS EXPENSE RECORD EXPLANATION**

DATE	REASON FOR EXPENSE	TYPE OF EXPENSE INCURRED	PLACE EXPENSE OCCURRED	AMOUNT



**I CERTIFY THAT THIS
STATEMENT IS TRUE:**

(SIGNATURE)

DATE: _____

DATE: _____

SUPERVISOR APPROVED:

DATE: _____

SUPERINTENDENT APPROVAL:

Charge to (completed by supervisor):

Original receipts are required for all reimbursements. Attach all receipts to this form prior to submitting for supervisor approval. Reimbursement will not be made without original receipts.