

TRAVEL EXPENSE REIMBURSEMENT FORM
Benton School District
P.O. Box 939
Benton, AR 72018

Date of Request: _____ **Date(s) of Travel:** _____
Pay to: _____ **Depart Date & Time:** _____
Address: _____ **Return Date & Time:** _____
_____ **Destination:** _____
Reason for Travel (include Conference Title): _____

Date	/	/	/	/	/	/	/	TOTAL
Meals								
Airfare								
Taxi/Shuttle/etc.								
Mileage @ \$0.42								
Parking								
Hotel								
Other								
TOTALS								

1. Mileage Reimbursement as of 9/01/09 is \$0.42 per mile.
2. Maximum per diem rates for meals and incidental expenses are based on regular federal per diem rates for travel within the continental United States. These may be found on the internet at www.gsa.gov and the meal allowance varies according to the location visited. According to IRS regulations, this is an "accountable plan" and employees will not be required to submit meal receipts.
3. Original itemized, detailed receipts must be attached for all expenses other than meals. Itemized receipts must include name of issuing company, date, specific and detailed items purchased and amounts.
4. Phone calls, movie rentals, alcoholic beverages, or personal items of any kind are not reimbursable.
5. Meals when overnight travel is not required are not reimbursable.
6. Tips are not reimbursable, (unless required and documented by establishment).
7. Refer to Board Policy 7.12 for additional expense reimbursement information.

Budget Unit and Account Number: _____

Signature of Payee Date: _____

Signature of Supervisor Date: _____

Signature of Central Office Administrator Date: _____

****Please include airfare invoice, hotel invoice, required receipts and copy of conference registration.****