

LANDER COUNTY SCHOOL DISTRICT TRAVEL CLAIM

(Must be submitted within **5 business days of return**)

Employee Name _____ Emp# _____ Date _____

Destination & purpose of trip _____

If attending a workshop, conference, convention, etc., please attach a copy of registration form, itinerary, agenda, or meeting confirmation.

Departure Date _____ Time _____ Return Date _____ Time _____

Method of Travel (Check one): Plane _____ Agency Vehicle _____ Passenger _____ Personal car _____

Mileage reimbursement for use of Personal car:

District car available: _____ miles @ .2675¢ per mile = _____

District car NOT available: _____ miles @ .535¢ per mile = _____

A receipt for lodging is required and will be reimbursed at the state rate or amount on receipt, whichever is smaller. Per diem lodging rates can be found at www.gsa.gov. Receipts for meals are not required.

Briefly, the travel regulations are as follows:

- Maximum allowance for meal per diem is \$41.00 per day. (\$7.00 for breakfast, \$11.00 for lunch, and \$23.00 for dinner)
- The following guidelines will be used when determining meal per diem:
 - Departure before 6:30 a.m. entitles you to breakfast
 - Departure before 11 a.m. entitles you to lunch
 - Departure before 4:30 p.m. entitles you to dinner
 - Meals that are provided as part of the function shall be deducted from the daily per diem whether or not the employee partakes of the provided meal.
- You are entitled to reimbursement for parking/cab fares, etc. with dated/labeled receipts.

Date (list each day separately)									Total
Breakfast									
Lunch									
Dinner									
Hotel (attach receipts)									
Parking (attach receipts)									
Taxi (attach receipts)									
Misc (attach receipts & explanation)									
Totals									

Mileage total from above: _____ Grand Total: _____

I hereby certify that the foregoing is a true and correct amount of actual expenses incurred:

Signature of Employee

I hereby certify that the foregoing trip was authorized as necessary for the operation of our school program:

Signature of Principal or Supervisor

Funded by: _____ Budget Code: _____