

**New Albany School District
Travel Reimbursement Form**

Date(s) Traveled _____

Purpose _____

Location _____

Automobile Transportation

Total miles driven _____ @ .50 per mile \$ _____

Air Transportation (Must attach copy of airline ticket) \$ _____

Motel Expense if not paid in advance or by the District (Must attach receipts-deduct phone calls, movies, meals, etc. before entering amount) \$ _____

Meals \$7.00 Breakfast, \$12.00 Lunch, \$22.00 Dinner \$ _____

Registration Fee if not paid in advance or by the district \$ _____

Other Expenses (receipts must be attached for example Taxi, shuttle bus, baggage claims, tips etc.) \$ _____

Total Reimbursement Requested \$ _____

Signature of Person Requesting Reimbursement

Signature of Person Approving Reimbursement (Principal, Director, etc.)

Date

Date

Signature of Superintendent

Date

NOTES:

Meal reimbursement is allowed **ONLY** if an overnight stay is required.

.50 per mile is effective for travel on and after September 22, 2008.

\$41.00 per day meal reimbursement is effective for travel on and after November 6, 2012.

