

**Earle School District
Travel and Expense Reimbursement Form**

Name Of Payee _____ **Event** _____
Department _____ **Grade** _____
Date _____ **Where** _____
School Name _____

M/D/Y	From	To	Miles Driven	Rate Per Mile	Amount Claimed
	Earle School District			0.42	
	Earle, AR. 72331			0.42	
				0.42	
				0.42	
				0.42	
				0.42	
				0.42	
				0.42	
Totals					
Additional Expense					
M/D/Y	Hotel	Meals	Taxi/Shuttle	Other Expense	
Total					
Documents Required for Reimbursement					Grand Total

- 1. Travel Approval Form signed by all parties
 - 2. Registration
 - 3. Agenda
 - 4. Map Quest or Google Maps for mileage
 - 5. Hotel/Meal receipts/ must be signed by all parties and MUST BE ORIGINALS and be itemized
 - 6. All Reimbursement forms must be signed by payee, superior and superintendent
 - 7. Destination must be addressed to address not city to city
- Any forms not complete will be returned and not paid until complete
 If you need assistance or have questions call Cindy Smith 501-683-5288 or Cynthia Brannon 501-683-5289

Signature _____ **Date** _____

Supervisor _____ **Date** _____

Superintendent _____ **Date** _____