

**REQUEST FOR APPROVAL PRIOR TO EVENT
MARION COUNTY SCHOOL DISTRICT
OUT OF DISTRICT TRAVEL**

NAME (PLEASE PRINT): _____ DATE(S) OF EVENT: _____

LOCATION AND PURPOSE OF REQUEST: _____

(BACKUP DOCUMENTATION INCLUDING AN AGENDA MUST BE ATTACHED)

PRINCIPAL/SUPERVISOR APPROVAL DATE: _____

FUNDING SOURCE ACCOUNT NUMBER: _____ TOTAL EST. COST _____

PROGRAM DIRECTOR APPROVAL (IF APPLICABLE) DATE: _____

SUPERINTENDENT OR DESIGNEE'S APPROVAL: _____ DATE: _____

ALL APPROVALS ARE PENDING FUNDING AVAILABILITY

ESTIMATED COSTS—TO BE ENTERED AS A PURCHASE REQUISITION(S)

LODGING—secure hotel's authorization form and submit if using district credit card

Payable to: _____
Mailing Address: _____

Confirmation # _____ Required EST. COST _____

You must secure a receipt when you check out or your reimbursement will not be processed for payment.

LODGING FOR THE NIGHT PRIOR TO EVENT WILL NOT BE PAID FOR UNLESS YOU ARE MORE THAN 2 HOURS AWAY FROM YOUR WORK LOCATION

REGISTRATION

Payable to: _____
Mailing Address: _____

EST. COST _____

MILEAGE/MEALS

Payable to Traveler upon return

Mileage @ 0.70 cents a mile \$ _____ Meals: **IF NOT PROVIDED \$** _____

(ATTACH DIRECTIONS GOOGLE OR MAPQUEST)

- **As of July 1, 2015, meals for a one day only meeting will not be reimbursed**
- If meals are provided there will be **no** meal reimbursement even if you choose not to partake (i.e. continental breakfast)
- Meals may be reimbursed for **no more than** the amounts listed below when traveling on official district business. Receipts are not necessary

Meal	Depart Before	Return After	All In State Meal Allowance Amount	All Out of State Meal Allowance Amount
Breakfast	6:30 AM	11:00 AM	\$8.00	\$10.00
Lunch	11:00 AM	1:30 PM	\$10.00	\$15.00
Dinner	5:15 PM	8:30 PM	\$17.00	\$25.00
DAILY MAXIMUM ALLOWANCE			\$35.00	\$50.00

Travel between the employee's residence and assigned headquarters (and vice versa) is not reimbursable. Auto travel should be by the most direct route practicable and carpooling is strongly recommended.

TRAVEL EXPENSES OVER 60 DAYS WILL NOT BE REIMBURSED

**SEE REVERSE SIDE FOR REIMBURSEMENT FORM
TO BE COMPLETED AFTER TRIP**

**MARION COUNTY SCHOOL DISTRICT
OUT OF DISTRICT TRAVEL
REQUEST FOR REIMBURSEMENT**

PRINT NAME OF TRAVELER

APPROVED LODGING P.O. # _____

APPROVED REGISTRATION P.O. # _____

APPROVED MILEAGE/MEALS P.O. # _____

DEPARTURE TIME & DATE: _____ am pm

RETURN TIME & DATE: _____ am pm

REPORT OF TRAVEL (TO BE COMPLETED AFTER YOUR RETURN)

****Must attach agenda, mileage directions and hotel receipt: Failure to do so will delay processing**

REIMBURSEMENT COST(S):

- by Car _____ **actual** miles @ 0.70 cents a mile \$ _____
copy of directions must be attached if different from actual
explain difference _____

- Lodging: **CHECKOUT RECEIPT MUST BE RETURNED
EVEN IF PREPAID** \$ _____

- Meals: **LIST # OF MEALS NOT PROVIDED** \$ _____
BREAKFAST: # _____ LUNCH: # _____ DINNER: # _____

- Other (specify) _____ \$ _____

SIGNATURE OF TRAVELER (Necessary for reimbursement) \$ _____ TOTAL REIMBURSEMENT COST

**AS OF JULY 1, 2015, MEALS FOR A ONE DAY ONLY MEETING WILL NOT BE REIMBURSED
TRAVEL EXPENSES OVER 60 DAYS WILL NOT BE REIMBURSED**

SUPERVISOR APPROVAL DATE: _____

Dependents Accompanying Employee:

If a dependent accompanies an employee on an authorized business trip, only those expenses which may be directly attributed to the employee may be reimbursed.

