## MOUNTAIN HOME PUBLIC SCHOOLS TRAVEL EXPENSE REIMBURSEMENT FORM

Name of Traveler

Function

DATE

Budget Code

Detailed Expenditures (Other Than Mileage)

20 Mo/Day	Name of Town Visited	Hotel Room	Meals	Incidentals	Total Per Day

SUB-TOTALS \$

Department/School

Time Function Begins First Day

Time Function Ends Last Day

Travel by Privately Owned Vehicle

		N 411	<b>D</b> (	<b>^</b>
Between W	Miles	Rate	Amount	
From	То	Driven	Per Mile	Claimed
			0.445	
			0.445	
			0.445	
			0.445	
			0.445	
			0.445	
			0.445	
			0.445	
			0.445	
			0.445	
			0.445	
			0.445	
			0.445	
			0.445	

TOTALS FOR MILEAGE

\$

RE-CAP:

Person Travelling SUB-TOTAL Date \$ \$ MILEAGE CLAIMED Approved Supervisor Date TOTAL CLAIMED MEAL ALLOWANCES BREAKFAST LUNCH DINNER Approved Principal (if not Supervisor) Date IN-STATE TRAVEL: \$ 6.00 \$ 9.00 \$ 15.00 7.50 \$ 12.50 \$ OUT-OF-STATE TRAVEL: \$ 20.00