

**MOUNTAIN HOME PUBLIC SCHOOLS
TRAVEL EXPENSE REIMBURSEMENT FORM**

Name of Traveler _____

Department/School _____

Function _____

Time Function Begins First Day _____

Budget Code _____

Time Function Ends Last Day _____

DATE	Detailed Expenditures (Other Than Mileage)
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Travel by Privately Owned Vehicle				
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20____ Mo/Day	Name of Town Visited	Hotel Room	Meals	Incidentals	Total Per Day

Between What Points		Miles Driven	Rate Per Mile	Amount Claimed
From	To			
			0.55	
			0.55	
			0.55	
			0.55	
			0.55	
			0.55	
			0.55	
			0.55	
			0.55	
			0.55	
			0.55	
			0.55	
			0.55	
			0.55	
			0.55	
			0.55	

SUB-TOTALS				\$
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TOTALS FOR MILEAGE		\$
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RE-CAP:

Person Travelling _____ Date _____

SUB-TOTAL _____ \$ _____
MILEAGE CLAIMED _____ \$ _____

Approved _____ Date _____
Travel Supervisor

TOTAL CLAIMED

\$

Approved _____ Date _____
Principal (if not Travel Supervisor)

MEAL ALLOWANCES	BREAKFAST	LUNCH	DINNER
IN-STATE TRAVEL:	\$ 6.00	\$ 9.00	\$ 15.00
OUT-OF-STATE TRAVEL:	\$ 7.50	\$ 12.50	\$ 20.00