



## Lawrence Public Schools Travel and Expense Reimbursement Request

<b>Name:</b>		<b>Purpose of Travel:</b>		
<b>Address:</b>			<b>Destination Location:</b>	
<b>Employee ID:</b>		<b>Departure Date:</b>		<b>Time:</b>
<b>Department:</b>		<b>Return Date:</b>		<b>Time:</b>
		<b>Others in Attendance:</b>		

**ATTACH ALL ORIGINAL RECEIPTS TO THIS REPORT TO BE REIMBURSED**

DAILY EXPENSES

	DATE								REIMBURSABLE CHARGES
	Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AIR, RAIL & BUS TRANSPORTATION									
TAXIS, RENTAL CAR & OTHER TRANSPORTATION									
PERSONAL AUTO	Odometer Ending								
	Odometer Starting								
	MILES								
Mileage Rate:	\$0.58	AMOUNT							
ROOM CHARGES, PER ATTACHED HOTEL BILL									
HIGHWAY AND BRIDGE TOLLS									
PARKING									
TELEPHONE									
OTHER EXPENSES (EXPLAIN BELOW)									
SUBTOTAL									
MEALS	Daily Rate	Allowed up to \$35							
	Other (explain below)								
SUBTOTAL MEALS									

**TOTAL TRAVEL EXPENSES**

	Org-object-project	
Account Distribution		
	TOTAL	

TRAVELER'S NOTES AND DESCRIPTIONS OF ENTERTAINMENT AND OTHER EXPENSE ITEMS (IF ADDITIONAL SPACE FOR COMMENTS IS NEEDED PLEASE ATTACH ANOTHER PAGE)

I hereby certify under the penalty of perjury that the amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Lawrence Public Schools, and that no part of the compensation claimed was of a personal nature.

<b>Employee Signature</b>		<b>Date</b>	
<b>Department Head Signature</b>		<b>Date</b>	

**Note:** Please keep a copy of this Travel Reimbursement Request Form and all receipts for your records. Credit Card charges must include itemized receipts. Credit card statements will not be accepted as documentation.