



Lawrence Public Schools Travel and Expense Reimbursement Request

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

ATTACH ALL ORIGINAL RECEIPTS TO THIS REPORT TO BE REIMBURSED

DAILY EXPENSES

	<i>DATE</i>		<i>Day</i>	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	REIMBURSABLE CHARGES
AIR, RAIL & BUS TRANSPORTATION											
TAXIS, RENTAL CAR & OTHER TRANSPORTATION											
PERSONAL AUTO	Odometer Ending										
	Odometer Starting										
		MILES									
Mileage Rate:	\$0.545	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.

Employee Signature		Date	
Department Head Signature		Date	

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.