FRANKLIN SPECIAL SCHOOL DISTRICT

TRAVEL EXPENSE REIMBURSEMENT CLAIM FORM

BUDGET

CLAIMANT'S PRINTED NAME: CODE: SCHOOL/DEPT:

	PLACE AND PURPOSE OF TRAVEL (ATTACH DOCUMENTATION THAT SUBSTANTIATES PLACES, DATES			MEAL PER DIEM (IF APPLICABLE)				TRANSPORTATION			
DATE	AND PURPOSE(S) OF TRAVEL)	*TIME OUT AM/PM	*TIME IN AM/PM	BREAKFAST	LUNCH	DINNER	LODGING	AIRLINE OR OTHER	MILES	OTHER EXPENSES (PLEASE ITEMIZE)	OTHER EXPENSES (\$ AMT.)
			LS	\$	\$	\$	\$	\$		MILES AT \$.625 = \$	\$
* <u>TIME OUT AND TIME IN MUST BE COMPLETED WHEN MEAL PER D</u>			EM IS CLAIMED. GRAND TOTAL \$								
MEAL REIMBURSEMENT RATES: **											
	IN-STATE OUT-OF-STATE NOTE THAT RECEIPTS ARE REQUIRED FOR LODGING, AIRFARE, GROUND TRANSPORTATION OR COMMON CARRIERS,										
BREAKFAST	\$13.00 Please reference	REGISTRATION FEES, BUSINESS RELATED MATERIALS, PARKING, TOLL CHARGES, ETC. ALSO, SALES TAX WILL NOT BE REIMBURSED.									
LUNCH DINNER	\$15.00 the site below \$26.00 (Search State & City)	DE NEIMBURGED.									
	MEAL REIMBURSEMENT RATE:										
	.gsa.gov/travel/plan-book/per-diem-rates of-State Per Diem Rate to your expense report for verific	 ation purpos	es.								
If a city is not li	isted, then the standard rate for the state will prevail.										
** Receipts not required BY SIGNING THIS DOCUMENT, I AGREE THAT I HAVE PERFORMED THE TRAVEL INDICATED, AND IT WAS ACTU INCURRED IN THE PERFORMANCE OF OFFICIAL DUTIES IN COMPLIANCE WITH CURRENT SCHOOL BOARD POLICY											
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CLAIMANT'S SIGNATURE			ADVANCEMENT REQUESTED ON PROJECTED TRAVEL EXPENSES (IF APPLICABLE) \$								
				TOTAL EXPENSES \$							
SUPERVISOR'S SIGNATURE		DATE	-	AMOUNT OWED FSSD \$							
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DIRECTOR OF SCHOOLS OR DESIGNEE		DATE		TOTAL AMOUNT OWED CLAIMANT \$							