

TRAVEL EXPENSE REPORT FOR OUT OF DISTRICT CONFERENCE

Total of Expenses Must Not Exceed District Guidelines*

(Fill in all information requested. Attach itemized receipts as required. Return to the Business Office within five days after last day of conference.)

Submitted by: _____	COMPLETE BOTH COLUMNS BELOW	
Home Address: _____	Expenses Prepaid by District	Out-of-Pocket Expenses Claimed by Employee
City, State, Zip: _____		
Date(s) of Travel: _____		
Conference Title: _____		
Conference Location: _____		

<p>TRANSPORTATION – Receipts must be provided, including tolls and parking. Mileage will be paid at current IRS standard business rate. MapQuest.com should be used to determine total miles.</p> <p>Means of Travel: _____ Cost: \$ _____</p> <p>Personal Vehicle: Total Miles Traveled: _____ Cost: \$ _____ Tolls & Parking: _____ Cost: \$ _____ Name of Driver: _____ Name(s) of Passengers: _____</p> <p style="text-align: right;">SUBTOTAL:</p>														
<p>LODGING – Receipts must be provided. NYS tax will not be reimbursed. NYS Exemption Certificate ST-129 must be used to obtain tax exemption during stay.</p> <p>Name of hotel: _____ Cost: \$ _____ Room shared with: _____</p> <p style="text-align: right;">SUBTOTAL:</p>														
<p>MEALS – Meal allowance is \$40 per day <u>or</u> the current per diem rate set by the Federal Government as published on the US General Services Administration Web site: http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA_BASIC&contentId=16177 For partial days, or if only one or two meals are provided with registration, reimbursement will be as follows: Breakfast \$6, Lunch \$11, Dinner \$23 or USGSA per meal rate. (Do not claim allowance if meals are included with conference.)</p> <p>No. of approved conference days: _____ x daily rate _____ = \$ _____ For partial days/ meals not included with conference:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Breakfast</td> <td style="padding-left: 10px;">No. of days _____</td> <td style="padding-left: 10px;">x meal rate \$ _____</td> <td style="padding-left: 10px;">= \$ _____</td> </tr> <tr> <td style="padding-left: 20px;">Lunch</td> <td style="padding-left: 10px;">No. of days _____</td> <td style="padding-left: 10px;">x meal rate \$ _____</td> <td style="padding-left: 10px;">= \$ _____</td> </tr> <tr> <td style="padding-left: 20px;">Dinner</td> <td style="padding-left: 10px;">No. of days _____</td> <td style="padding-left: 10px;">x meal rate \$ _____</td> <td style="padding-left: 10px;">= \$ _____</td> </tr> </table> <p style="text-align: right;">SUBTOTAL:</p>	Breakfast	No. of days _____	x meal rate \$ _____	= \$ _____	Lunch	No. of days _____	x meal rate \$ _____	= \$ _____	Dinner	No. of days _____	x meal rate \$ _____	= \$ _____		
Breakfast	No. of days _____	x meal rate \$ _____	= \$ _____											
Lunch	No. of days _____	x meal rate \$ _____	= \$ _____											
Dinner	No. of days _____	x meal rate \$ _____	= \$ _____											
<p>OTHER EXPENSES – ex. Registration fee; Receipts must be provided.</p> <p>Description: _____ Cost: \$ _____ Description: _____ Cost: \$ _____</p> <p style="text-align: right;">SUBTOTAL:</p>														
<p>BUDGET CODE(S): _____</p>	GRAND TOTAL:													

I certify that the sums charged are reasonable and just and that no payment has been made except as included on this claim.

Signature of Traveler: _____ Date Submitted: _____

District Treasurer: _____ Date: _____

*** District Guidelines:**

- Local/State Conference – Maximum \$600 (excluding registration and/or membership fees);
- Out of State Conference/Beyond 500 miles – Maximum \$725 (excluding registration and/or membership fees);
- Travel exceeding \$725 and/or out of state/beyond 500 miles – must be approved by the Board of Education in advance.