Santee Community School
Travel Expenses Reimbursement Request

Employee Name: _____

Event Name:_____ **Event Date(s):** _____

Date	*Description of Expense and/or Enter Start/Stop Points for Each Trip*	*Actual Miles*	*Carpool Y/N**	*Meals*	*Meal Code*	*Parking*	*Taxi*	*Other Trans.*
					B L D			
					B L D			
					B L D			
					B L D			
					B L D			
					B L D			
					B L D			
	Total Miles							
	Rate	$.67						
	Reimbursement Amount							

Attach Receipt for "Direct-Billed" Hotel Reservations

ALL expenses MUST have itemized receipts attached to be reimbursed **TOTAL Reimbursement Requested:** _____

***List Carpool Participants:** _____

Employee Signature: _____ **Date:** _____

Administrative Approval: _____ **Date:** _____