

**MUSTANG PUBLIC SCHOOLS
OVERNIGHT TRAVEL REIMBURSEMENT REQUEST FORMS**

Name: _____ Date Submitted: _____
School: _____ Reimbursement P.O. # _____
Employee Address: _____ Employee ID# _____

Conference Name: _____
PO# for Conf. Registration: _____ *If you paid for the conference registration yourself, please*
Conference Location: _____ *include your original receipt.*
Conference Dates: **Begin:** _____ **End:** _____
How did you get to Conference?

Please check the appropriate box. ☐ **Fly** ☐ **School Vehicle** ☐ **Personal Vehicle** (Please complete the mileage log section)

PER DIEM ☐ In-State State maximum allowable rate - prorated by Board Policy
☐ Out-of-State Varies – See www.gsa.gov for each state rate. Per Diem Rate \$_____.

Per Diem is figured based on the time you enter and depart travel status. Meals provided by the conference are deducted per Board Policy rates. Continental breakfasts provided by hotel or conference are not counted as a meal provided.

Date & Time entered travel status _____ A.M or P.M.
Date & Time departed travel status _____ A.M or P.M.
Number of meals provided by Conference _____ (Do not include continental breakfast)
Date & Time of the first and last meeting attended First _____ Last _____

HOTEL *The original copy of the hotel bill showing \$0 balance due for the room and tax only must be attached even if the hotel is direct billing Mustang Public Schools. All incidental expenses, (I.e. movies, room service, personal telephone calls, etc.) must be paid by the employee at checkout.*

Was hotel direct billed to Mustang Public Schools? Yes ___ No ___ **If not, what was the cost?** \$ _____

MISCELLANEOUS ☐ Shuttle \$ _____
EXPENSES ☐ Parking \$ _____ *All non-meal receipts you wish to have considered for*
☐ Tolls \$ _____ *reimbursement must be attached to the back of this form.*
☐ Other \$ _____

MILEAGE LOG *Mileage will be reimbursed at the Federal maximum allowable rate.*
Vehicle License Tag # _____

Travel To	ODOMETER READINGS			DEPARTURE	ARRIVAL	Purpose
	Beginning	Ending	Miles	Date/Time	Date/Time	

I hereby certify to the best of my knowledge and belief, that the above travel reimbursement document is correct. I understand that purposely falsifying a travel document may result in disciplinary action and possible prosecution under State Law.

Employee Signature

Date

Administrator/Principal Signature

Date

Please staple all receipts, along with copy of conference brochure and agenda to the back of this form and submit to the business office – accounts payable for payment. If you have any questions regarding the completion of this form, please call (405) 376-7353.