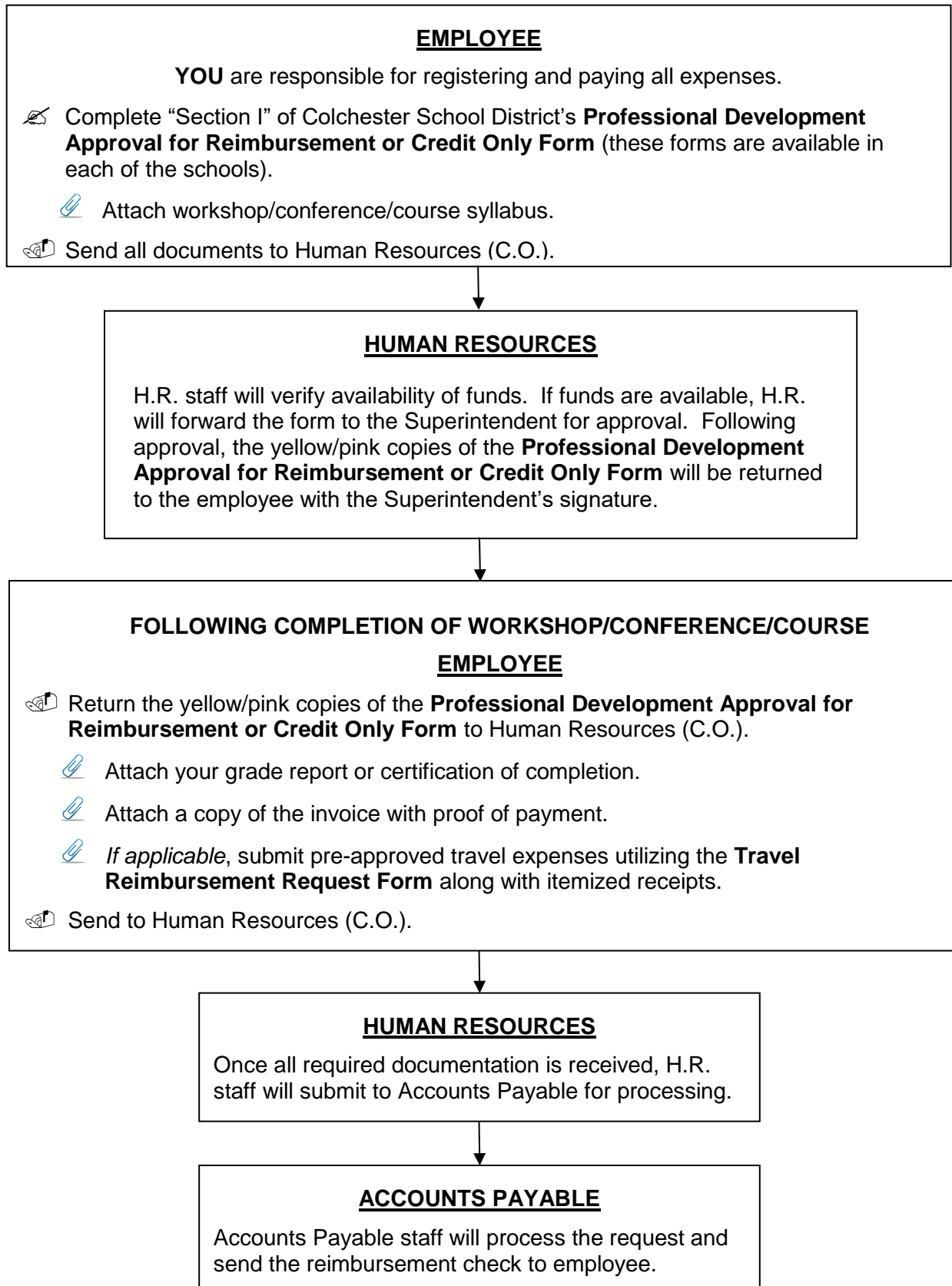


Travel Expenses (Conference/Workshop or University Course) Paid for Utilizing Tuition Dollars Available per Union Contract or Handbook

Steps to Follow





Colchester School District

Travel Reimbursement Request

Name of Employee: _____ Date: _____
 Date(s) of Event: _____
 Description/Purpose: _____
 Destination: _____

Expenses

Date	Meals			Lodging		Miscellaneous	
	Breakfast	Lunch	Dinner	Place	Amount	Item	Amount

Total: \$ \$ \$ Total: \$ Total: \$

Mileage - (Private Vehicle)

Date	Destination		Miles Traveled	Mileage Reimbursement
	To	From		

Use current IRS reimbursement rate Mileage Total: _____
 Travel Expense Total: _____
 Reimbursement Requested: \$ _____

Employee's Signature: _____ Date: _____
 Administrator/Supervisor's Signature: _____ Date: _____

Meal Reimbursement Limits:	Breakfast:	\$10.00
	Lunch:	15.00
	Dinner:	30.00
	Total Daily:	\$55.00

Please attach: "Authorization for Travel" or "Professional Development Reimbursement" form and all valid itemized receipts