

**USD 464 OUT OF DISTRICT EXPENSE CLAIM FORM**

*Meals are reimbursable for overnight trips only.*

**\*CURRENT MONTH EXPENDITURES MUST BE TURNED IN BY THE 15TH OF THE FOLLOWING MONTH\***

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Meeting: \_\_\_\_\_ Meeting Location: \_\_\_\_\_

Dates of Meeting - Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

***COPY OF MEETING AGENDA MUST BE ATTACHED TO THIS FORM***

This form must be turned in by the 15th of the month following the month expense was incurred.

Per Diem Allowance - Breakfast - \$10; Lunch - \$10; Dinner - \$10 (**\$30 for entire day**)

*Cost of meals plus tip must be within the per diem allowance. 20% is the maximum tip reimbursed.*

**\*\*\* DETAILED ORIGINAL RECEIPTS MUST BE ATTACHED TO CLAIM FORM \*\*\***

Date	Breakfast	Lunch	Dinner	TOTAL
<b>TOTALS:</b>				\$
			Office use only	\$

Mileage		
Date	Purpose	Miles Driven
Total Miles Driven		
		x \$.50
TOTAL DUE FOR MILEAGE		
Date	Other (tolls, etc. - attach receipts)	Amount
Total Other Expenses		\$
<b>TOTAL THIS CLAIM:</b>		<b>\$</b>

Code #	Code Description
Code: _____	_____
Code: _____	_____
Code: _____	_____
<b>TOTAL</b>	\$ _____

DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

Administrator's Signature