

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. 15% is the maximum tip reimbursed.

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

Date	Breakfast	Lunch	Dinner	TOTAL
TOTALS:				\$
			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		\$
TOTAL THIS CLAIM:		\$

Code #	Code Description
Code: _____	_____
Code: _____	_____
Code: _____	_____
TOTAL	\$ _____

DATE: _____

APPROVED: _____

Administrator's Signature