

# ISD #318 - Travel Expense Claim for Special Trips

Name	Home Address: City, State and Zip Code	Instructions: This form is to be used by District #318 employees who have been authorized to claim reimbursement for travel expense for out-of-district trips. You must have prior approval by Form SRA/SD-1 (School Related Absence/Staff Development-1) and you must attach that form to this claim in order to receive reimbursement. Attach receipts for <b>OTHER EXPENSES</b> . Submit this claim to your Principal or Department Supervisor.
Destination	Name of Workshop, Meeting, Conference, etc.	
Meeting Start Time: a.m. <input style="width: 30px; height: 20px;" type="text"/> p.m. <input style="width: 30px; height: 20px;" type="text"/> Meeting End Time: a.m. <input style="width: 30px; height: 20px;" type="text"/> p.m. <input style="width: 30px; height: 20px;" type="text"/>		Did you spend the night? Yes <input type="radio"/> No <input type="radio"/>

Date of Expense	Automobile Travel			Meals			Other Expenses	
	From	To	Mileage	Breakfast	Lunch	Dinner	Cost	Description
				\$7.00	Standard Rate \$11.00	\$23.00		Lodging, Registration Fee, Parking, etc. <b>Receipts Must be Attached.</b>
			Totals					

**Summary Totals:**

Total Mileage \_\_\_\_\_ X Rate per Mile \_\_\_\_\_ = Mileage \_\_\_\_\_  
 Meals \_\_\_\_\_  
 Other Expenses \_\_\_\_\_  
 Less Advance \_\_\_\_\_  
 Total Due \_\_\_\_\_  
 Money Returned \_\_\_\_\_

Code	Amount
Total	

I declare under penalties of law that this claim is just and correct and that no part of it has been paid previously except for any advance that may be shown on this claim.

Signature of District Employee	Signature of Principal or Department Supervisor	Administrative Approval
Date	Date	Date