ISD #318 - Travel Expense Claim for Special Trips

Name Home A			ne Address: City, State and Zip Code					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)			
Destination Na			Name of Workshop, Meeting, Conference, etc. and you must attach that form to this claim in order to receive reimbursement. Attach receipts for OTHER EXPENSES . Submit this claim to your Principal or Department Supervisor.								
		Meeting	s Start Time	: a.m.	p.m .	Meeting Er	nd Time: a.m	p.m.		Did you sp Yes	pend the night? No
Date of Expense		el				e \$23.0 0		Other Expenses Lodging, Registration Fee, Parking, etc. Receipts Must be Attached.			
	From	Mileage		Breakfast	Lunch	Dinner	Cost	Cost Des		scription	
			Totals								
Summ	ary Totals:						Cod	de		Amount	
	X Rate per I	Mile	= Mileage								
				Meals							
				Other Expenses							
				Less Advance							
			То	tal Due					-		
no part of it has be	enalties of law that this claim is j een paid previoulsy except for a	ust and correct and that iny advance that may be		11)	Negative, Money	-				Total	
shown on this claim.				Ret	urned)					Total	
Signature of D	Signature of Principal or Department Supervisor Date Admi					dministrative Approval Date					