

Lynden School District #504

Out of District Travel Authorization

Directions:

Complete top portion of form in ink with event details, then sign, date and submit paperwork to your Building Administrator/Program Director for approval. **Prior approval is required per board procedure 6213.** Be sure to attach agenda or other workshop information.

Upon returning from the trip, complete the shaded half of the form with **actual** expenses that you are requesting reimbursement for and return to your administrator for approval and routing to the business office for processing. **Do not include expenses that were already paid by the district, like the registration or hotel paid by purchase order, in your request for reimbursement.**

Employee Name: _____ School / Dept: _____

Employee Mailing Address _____

Date(s) & Time(s): _____ Location of Event: _____

Please Provide Information Regarding the Event Requiring Travel:

Total Estimated Cost \$ _____ **Budget:** _____
Be sure to include registration, lodging, meals, airfare, mileage, parking, substitute, etc

Participant Signature _____ Date: _____

Supervisor Signature _____ Date: _____

REIMBURSEMENT REQUEST FOR ACTUAL PERSONAL EXPENSES

- A. Registration (Attached receipt with proof of payment **if not** paid with district PO) \$ _____
- B. Lodging (Attached dated receipt showing your expenses only **if not** paid by district PO) \$ _____
- C. Travel/Transportation \$ _____

Personal vehicle mileage _____ miles @ _____ per mile \$ _____
 (use current IRS Rate)

D. Meals	Date	Breakfast (Max \$11.00) <small>(Travel Status @ 6:30 am)</small>	Lunch (Max \$14.00) <small>(Travel Status @ 12:00pm)</small>	Dinner (Max \$21.00) <small>(Travel Status @ 6:30 pm)</small>	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	

Total Meals (does not require receipt) \$ _____

E. Other Expenses: Taxi - Ferry - Parking (Itemized - **RECEIPTS REQUIRED**) \$ _____

Total Reimbursement Requested: \$ _____

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Date _____ Signed _____
Claimant/Participant Signature Supervisor Signature

Account Code for Expenses: _____