A. INFORM Employee		Please notify payroll if changed		School/Work	rk Site:
Home Ma	ailing Address:	Please notify payroll if changed		Destination ((City):
Email:		Phone:		Purpose of Tr	Travel (Please attach Workshop Agenda):
Account Code(s): (Itemize costs per account and show \$ split)				Accompanyir	ving Staff:
B. EXPENSI					ment (destination must be greater than 50 miles from outside of the BSD boundaries. Employees must be in
i. Transpor	tation				
ii. Lodging					
ii. Meals (Pa	aid at Per Diem Rates)		\$17	\$18	\$34
v. Miscellar	neous				
C. CERTIFIC	CATIONI:				
J. OLIVITI	OATION.				
). APPROV	AL: Please sign below	v and enter reimbursable amou	unt		

Travel/Expense Reimbursement Form Revised January, 2024

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