Marion School District
Travel Expense Reimbursement Form

Date: _____ Name: _____ Department: _____ Budget Code _____

Mailing Address: _____ Purpose of Travel _____

Detailed Expenditures other than Mileage										Mileage Expenditures				
DATE	NAME OF TOWN VISITED	COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS*	PHONE	TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER	AMOUNT CLAIMED
SUB-TOTAL										TOTAL FOR MILEAGE				

INCIDENTALS (1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs (5) Other (Explain)

SUB-TOTAL _____
MILEAGE CLAIMED _____
TOTAL CLAIMED _____

APPROVED _____ _____

Travel Supervisor Signature of Traveler