



McFarland School District

Travel Expense Form

Employee Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Account Number: _____ Location/School: _____

Total Amount of Reimbursement: \$ _____

Supervisor Approval: _____

Reimbursement Information

Reimbursement Rates: Mileage \$.545 Lodging: \$80 Maximum, excluding taxes Meals: \$40 daily Maximum for 3 meals. If daily maximum is exceeded, provide an explanation and seek Supervisor approval. The following are examples of expenses that are not allowed to be reimbursed:

Alcoholic Beverages	Spouse or Family Member Costs	Meals Included in Registrations
Additional Charges for Late Check Out or Cancellations	Traffic Citations/Fines	Repairs/Towing Personal Vehicle
Child Care	Flight Insurance	Taxi Fares To/From Restaurants
Pay Per View Movies	Fitness Center Costs	Lost/Stolen Cash/Property

Reimbursement Summary

Description	DETAILS	RATE	TOTAL	DESTINATION
MILEAGE	TOTAL # OF MILES	.545 CENTS/MILE		
LODGING-RECEIPTS	# OF NIGHTS	PER NIGHT RATE: \$		
MEALS-RECEIPTS	QUANTITY		TOTAL OF MEAL RECEIPTS:	
	Breakfast-			
	Lunch-			
	Dinner-			