



Lawrence Public Schools Travel and Expense Reimbursement Request

Name:		Purpose of Travel:		
Address:			Destination Location:	
Employee ID:		Departure Date:		Time:
Department:		Return Date:		Time:
		Others in Attendance:		

ATTACH ALL ORIGINAL RECEIPTS TO THIS REPORT TO BE REIMBURSED

DAILY EXPENSES

	<i>DATE</i>								REIMBURSABLE CHARGES
	<i>Day</i>	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	
AIR, RAIL & BUS TRANSPORTATION									
TAXIS, RENTAL CAR & OTHER TRANSPORTATION									
PERSONAL AUTO	Odometer Ending or MapQuest								
	Odometer Starting								
	MILES								
Mileage Rate:	\$0.625	AMOUNT							
ROOM CHARGES, PER ATTACHED HOTEL BILL									
HIGHWAY AND BRIDGE TOLLS									
PARKING									
TELEPHONE									
OTHER EXPENSES (EXPLAIN BELOW)									
SUBTOTAL									
MEALS	Daily Rate	Allowed up to \$35							
		Other (explain below)							
	SUBTOTAL MEALS								

	Org-object-project								
TOTAL									

TOTAL TRAVEL EXPENSES

TRAVELER'S NOTES AND DESCRIPTIONS OF ENTERTAINMENT AND OTHER EXPENSE ITEMS (IF ADDITIONAL SPACE FOR COMMENTS IS NEEDED PLEASE ATTACH ANOTHER PAGE)

I hereby certify under the penalty of perjury that the amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Lawrence Public Schools, and that no part of the compensation claimed was of a personal nature.

Employee Signature		Date	
Department Head Signature		Date	

Note: Please keep a copy of this Travel Reimbursement Request Form and all receipts for your records. Credit Card charges must include itemized receipts. Credit card statements will not be accepted as documentation.