

LEWISTOWN PUBLIC SCHOOLS
TRAVEL REIMBURSEMENT CLAIM FORM

NAME _____ **ADDRESS** _____ **DATE** _____

Home PO Box or Street & City

Before leaving complete a Purchase Authorization for approval of purchases with a PO or the school's credit card. Also refer to the LPS Travel Reimbursement Information sheet. Complete all information below **immediately upon return from your trip** with amounts to be reimbursed, attach an event itinerary and return the signed original to your BUILDING ADMINISTRATOR ***PLEASE STAPLE ALL RECEIPTS.***

CONFERENCE/MEETING: _____ **LOCATION:** _____

Departure: Date: _____ Time: _____ ☐ A.M. ☐ P.M.

Return: Date: _____ Time: _____ ☐ A.M. ☐ P.M.

1. **School Transportation:** (Receipts Required) Only use the Exxon or Conoco fuel credit cards provided in the vehicle.

Was a school vehicle available on district website? ☐ Yes ☐ No (<http://www.lewistown.k12.mt.us>)

Did you reserve a vehicle on district website? ☐ Yes ☐ No **Driver's Name:** _____

Other Transportation: (Receipts Required) State rates are \$ 0.32 if a school vehicle is available or \$ 0.655 if not.

☐ Auto: _____ x _____ /mile = \$ _____ Auto Reimbursement \$ _____
(Distance) (Rate)

☐ Airline: **(attach proof of airline cost)** Airline Reimbursement \$ _____

Requisition #/P. O. # _____ **Amount:** \$ _____ School Credit Card Used? ☐ Yes ☐ No

2. **Lodging:** (Receipts Required) **Name of Hotel:** _____

Requisition #/P. O. # _____ **Amount:** \$ _____ School Credit Card Used? ☐ Yes ☐ No

OR

Number of Nights: _____ Rate _____ = \$ _____ Lodging Reimbursement \$ _____

Maximum Reimbursement: **In-State:** Reimbursed at Current State Rate

Out-of-State: Reimbursement at Out-of-State Rate

3. **Meals:** **Requisition #/P. O. #** _____ **Amount:** \$ _____ Meal Reimbursement \$ _____

<u>In-State Reimbursement</u>	# Meals	<u>Out-of-State Reimbursement</u>	# Meals
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Breakfast (\$ 7.50)	_____	Breakfast (\$13.00)	_____
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Lunch (\$ 8.50)	_____	Lunch (\$14.00)	_____
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Dinner (\$ 14.50)	_____	Dinner (\$23.00)	_____
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School District credit cards are not to be used for meals.

4. **Registration Fee:** (Attach Copy of Registration Forms) Registration Reimbursement \$ _____

Requisition #/P. O. # _____ **Amount:** \$ _____ School Credit Card Used? ☐ Yes ☐ No

5. **Other Expenses:** (Receipts required for \$5.00 or more) Other Expense Reimbursement \$ _____

List: (Taxi, Parking, Bus, etc.) _____

Requisition #/P. O. # _____ **Amount:** \$ _____ School Credit Card Used? ☐ Yes ☐ No

EMPLOYEE TRAVEL REIMBURSEMENT \$ _____

LAST FOUR (4) DIGITS OF SCHOOL CREDIT CARD USED - _____

Claimant's Signature _____ Position _____ Date _____

Building Administrator's Signature _____ Date _____

ADMINISTRATOR: PLEASE COMPLETE BUDGET CODE INFO BELOW & SEND TO CHRIS GOBBLE, LINCOLN BLDG

ADDITIONAL COMMENTS

BUDGET CODE/DESCRIPTION

Budget Codes for Travel: _____