



# Quincy School District #144

## REQUEST FOR ADVANCE TRAVEL EXPENSES

### TRAVEL INFORMATION:

Date of Request: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Building or Department: \_\_\_\_\_

Destination: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

### EXPENSES: **MUST exceed \$100 & include an overnight stay to qualify**

Per Diem Rates: M:\District Forms\Employee Reimbursement\Maps - Per Diem

DATE	BRKFAST	LUNCH	DINNER	AMOUNT
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

**Meals are strictly Per Diem Rate – No Receipts**

**You must be in travel status:**

- By 6:30 am to claim **breakfast**
- Between 12 - 1 pm to claim **lunch**
- Until 6 pm to claim **dinner**

Travel Status means 'on the road', actually engaged in business, or away at conference.

\*Attach additional page if travel exceeds 7 days\*

**OTHER EXPENSES – Original itemized receipts required**

Airport Parking: \$ \_\_\_\_\_

Cab/Shuttle: \$ \_\_\_\_\_ Garage Parking: \$ \_\_\_\_\_

Misc: \_\_\_\_\_ \$ \_\_\_\_\_

Transportation-Private Car: Miles \_\_\_\_\_ @ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**ATTACHMENTS:**  Agenda/Schedule  
 Mapquest (verifies miles)

**TOTAL EXPENSES:** \$ \_\_\_\_\_

**NOTE: Per Advanced Travel Policy, an Expense Reimbursement must be submitted within ten (10) days after travel.**

### SIGNATURES/APPROVALS:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Code filled in by Principal/Supervisor: \_\_\_\_\_

Principal/Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

District Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRICT OFFICE USE ONLY

Check No \_\_\_\_\_ Amount: \_\_\_\_\_ Date Issued: \_\_\_\_\_