

REIMBURSEMENT CLAIM

EMPLOYEE: Complete all sections through "Employee Signature" and submit to your supervisor for approval.						
EMPLOYEE NAME:						
MILEAGE:						
	Purpose	Date	Origin	Destination	Return	Whole Miles
Total Miles						
Total Mileage Reimbursement @ current IRS rate of \$						
					per Mile	
OTHER EXPENSES: (See reverse for limits and restrictions)						
	Description	Purpose	Date	Cost		Allowance
Total "Other Expenses" Reimbursement						
Total Reimbursement						
Employee Signature: _____						
Date: _____						

Budget Classification:	_____	\$ _____
	_____	\$ _____
Supervisor Signature: _____		
Date: _____		

The Durham Unified School District will use the following scale of reimbursement for travel expenses for its employees:

- * Current IRS mileage reimbursement rate per mile for travel in private vehicle
- * For meal expenses, actual costs not to exceed:
 - * Breakfast \$9.00
 - * Lunch \$12.00
 - * Dinner \$18.00
- * Lodging rates are based on double occupancy, whenever possible
- * Rental vehicles will be based on economy-class rates

Receipts must be attached for all expenses, excluding mileage reimbursements. Additional costs not supported by receipts will not be reimbursed.

Costs associated with a workshop or conference must be pre-approved by employee's supervisor or the program manager on the "Request for Staff Development" form.