

WEST FRANKLIN UNIFIED SCHOOL DISTRICT #287

TRAVEL EXPENSE REIMBURSEMENT CLAIM FORM

2011 – 2012

\*\*\*FYI: District vehicles are to be used whenever available.\*\*\*

**\*IMPORTANT:** This form is your tally sheet/supporting documentation for the MONTHLY eRequisition you need to complete on-line for mileage reimbursement; please do not complete this form and a mileage erequ for each trip separately. If you do not know how to complete an eRequ, please see your school secretary. All receipts for tolls, parking fees, etc need to be attached to this sheet when applicable. When you complete your eRequisition on-line, please note the **EREQU #** on this sheet. This supporting documentation with EREQU # noted **MUST reach the District Office** by the appropriate date (see below); please turn this paperwork in to your school office 2-3 days prior to these dates to allow for processing time. E-Requs will not be processed for payment until all appropriate supporting documentation has been received in the District Office. All erequs with supporting documentation received in time will be paid and approved at the following months Board Meeting.

July	25	January	25
August	25	February	24
September	23	March	26
October	25	April	25
November	22	May	25
December	16	June	15

\*\*\*\*\*

Employee \_\_\_\_\_ Location \_\_\_\_\_ **EREQU #** \_\_\_\_\_

(Please itemize mileage on back of worksheet first)

TRAVEL= \_\_\_\_\_ Regular Mileage @ .51 per mile \$ \_\_\_\_\_  
 \_\_\_\_\_ Workshop Related Mileage @.51 per mile \$ \_\_\_\_\_

**MEALS:** (If workshop related you do **NOT** need this form or an erequ since your event has already been approved by the Board. Just put your receipts in an envelope, write your name on the outside and turn it in to your school secretary. You should receive your reimbursement check within a week.)

Non-workshop related meals: \$ \_\_\_\_\_

**LODGING:** (Bill/Receipt to be attached) Workshop related? YES NO \$ \_\_\_\_\_

**OTHER/MISCELLANEOUS:** (Attach receipts, indicate if Workshop related)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

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

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

