Santee Community School
Travel Expenses Reimbursement Request

Employee Name: _____

Event Name:_____ **Event Date(s):** _____

Date	Description of Expense and/or Enter Start/Stop Points for Each Trip	Actual Miles	Carpool Y/N*	Meals	Meal Code	Parking	Taxi	Other Trans.
					B L D			
					B L D			
					B L D			
					B L D			
					B L D			
					B L D			
					B L D			
	Total Miles							
	Rate	$.655						
	Reimbursement Amount							

Attach Receipt for "Direct-Billed" Hotel Reservations

ALL expenses MUST have receipts attached to be reimbursed   **TOTAL Reimbursement Requested:** _____

*List Carpool Participants: _____

Employee Signature: _____   **Date:** _____

Administrative Approval: _____   **Date:** _____