

Santee Community School Travel Expenses Reimbursement Request

Employee Name: _____

Event Name: _____ Event Date(s): _____

<i>Date</i>	<i>Description of Expense and/or Enter Start/Stop Points for Each Trip</i>	<i>Actual Miles</i>	<i>Carpool Y/N*</i>	<i>Meals</i>	<i>Meal Code</i>	<i>Parking</i>	<i>Taxi</i>	<i>Other Trans.</i>
					B L D			
					B L D			
					B L D			
					B L D			
					B L D			
					B L D			
					B L D			
<i>Total Miles</i>								
<i>Rate</i>		\$.70						
<i>Reimbursement Amount</i>								

Attach Receipt for "Direct-Billed" Hotel Reservations

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

*List Carpool Participants: _____

Employee Signature: _____

Date: _____

Administrative Approval: _____

Date: _____