

ARMOREL SCHOOL DISTRICT
2017-2018
OFFICIAL EXPENSE REIMBURSEMENT FORM

Today's date _____ Date(s) of Trip _____

Name _____ Location _____

Reason for Travel _____

EXPENSES:

Mileage from _____ to _____
(Must have denied vehicle request attached)
_____ miles @ .42 cents per Mile _____

Fuel for school vehicle _____

Lodging _____ nights @ _____ per night _____

Meals: Daily max for meals **Not** to exceed:
Itemized receipts must be provided to be reimbursed.
\$41.00 per full day,
\$30.75 (75%) on the first and last day of travel.
Travel to Little Rock
\$56.00 per full day
\$42.00 (75%) on the first and last day of travel.

Parking (reasonable daily charge is reimbursed
With receipt when warranted) _____

Registration fees _____

Miscellaneous fees _____

TOTAL TO BE REIMBURSED _____

**PLEASE ATTACH ALL RECEIPTS TO THE BACK OF THIS FORM (Transportation, Meals,
Parking, Registration, Lodging, etc.)**

Principal Signature Date

Employee Signature Date

Superintendents Signature Date

Fund Account Code Function