

TRAVEL REIMBURSTMENT REQUEST MUST BE SUBMITTED WITHIN 30 DAYS OF COMPLETION OF YOUR TRAVEL TRIP OR  
YOU WILL NOT BE REIMBURSED.

**LINCOLN COUNTY SCHOOL DISTRICT**  
**EXPENSE REIMBURSEMENT REQUEST**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TITLE OF MEETING: \_\_\_\_\_

ACCOUNT BILLED FOR TRAVEL: \_\_\_\_\_

DATE(S) OF MEETING: \_\_\_\_\_ PLACE OF MEETING: \_\_\_\_\_

METHOD OF TRAVEL: \_\_\_\_\_ Private car \_\_\_\_\_ Dist. Vehicle \_\_\_\_\_ Bus \_\_\_\_\_ Airline

DATE TRAVEL BEGAN: \_\_\_\_\_ TIME TRAVEL BEGAN: \_\_\_\_\_ ( ) A.M. ( ) P.M.

DATE TRAVEL ENDED: \_\_\_\_\_ TIME TRAVEL ENDED: \_\_\_\_\_ ( ) A.M. ( ) P.M.

<u>DATE (S)</u>	<u>EXPLANATION</u> (Including "from" & "to" if for private care mileage)	<u>AIRFARE</u> or (mileage of priv. car) <b>&amp; OTHER EXPENSES</b> (Parking etc.)	<u>LODGE.</u>	<u>Breakfast</u> <b>\$16.00</b>	<u>Lunch</u> <b>\$19.00</b>	<u>Dinner</u> <b>\$28.00</b>	<u>TOTAL</u>

**Allowance for approved travel by private conveyance is 72.5 cents per mile. If private conveyance is approved for reasons of personal convenience, the rate will be 25 cents per mile. Employees are expected to utilize vehicles when available. For insurance reasons and District Policy, non-employees are not permitted to travel in district vehicles without administrative approval. (Revised January 14, 2025)**

TOTAL AMOUNT OF CLAIM

**RECEIPTS REQUIRED** for **ALL** lodging, airfare, parking, taxi, registration & transportation other than private car. CAR RENTAL WILL **NOT** BE REIMBURSED WITHOUT PRIOR AUTHORIZATION. TIPS are **NOT** reimbursable

\$ \_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Principal/Supervisor Signature (if applicable)

\_\_\_\_\_  
Superintendent Signature

**PLEASE ALLOW A MINIMUM OF 8 WEEKS FOR RECEIPT OF REIMBURSEMENTS**