

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) & <u>OTHER EXPENSES</u> (Parking etc.)	<u>LODGE</u>	<u>Breakfast</u> \$16.00	<u>Lunch</u> \$19.00	<u>Dinner</u> \$28.00	<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