

**SPRINGER MUNICIPAL SCHOOLS
TRAVEL REIMBURSEMENT**

PER DIEM ADVANCE _____ BALANCE _____ ESTIMATED _____ ACTUAL _____

Name: _____ Date: _____

Title: _____ School: _____

Starting Point: _____ Destination: _____

Date of Departure: _____ Time: _____

Date of Return: _____ Time: _____

Purpose of Trip: _____

Mode of Travel: Privately Owned Airplane 40 cents per nautical mile: _____ \$ _____

Privately Owned Automobile _____ miles @ 32 cents _____ \$ _____

Actual expenses in addition to per diem (travel by common carrier – most economical, taxi, parking fees, rental cars when less expense transportation not available, registration fees, miscellaneous expenses as allowed by the Superintendent): Please submit receipts: \$ _____

Per diem (as per rates set forth on attached sheet): \$ _____

Advance 80% per diem: \$ _____

20% per diem due (must be requested within five days return): \$ _____

Estimated Meals/Lodging at approved rates (Must have prior approval): \$ _____

Actual Expenditures (Must have receipts & submit within five days return): \$ _____

I hereby certify that the above travel was done in connection with authorized school business, thirty-five miles away from my designated post of duty and that the above statement is true and payment thereof has not been received.

Signature

Date

Approved _____ Disapproved _____

Principal/Director

Approved _____ Disapproved _____

Superintendent