**FILLMORE CENTRAL SCHOOL DISTRICT**

**104 West Main Street, Fillmore NY 14735**

##### TRAVEL EXPENSE FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Directions: |  |  | Business Office use only |
| 1. Fill in all spaces that apply to your travel. |  | Claim # |  |
| 2. Attach original itemized receipts for all expenses claimed per Board policy. |  | Vendor # |  |
| 3. Sign the certification statement upon return of travel. |  | Amount |  |
| 4. Copy for yourself, forward original to appropriate Director. |  | Account |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | Date(s) of Travel: |  | |
|  |  | |  |  | |
| Address: |  | | Purpose of Travel: |  | |
|  |  | |  |  | |
|  |  | | Location of Travel: |  | |
|  |  | |  |  | |
| **PRIOR to TRAVEL** - Travel Approved By: | |  | | |  |

|  |  |
| --- | --- |
| School Vehicle Requested |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | **Estimated Expenses** | **Actual**  **Expenses** |
|  | | Other transportation charges (taxi & ticket charges) | | | |  |  |
|  | | Thruway & Other Tolls | | | |  |  |
|  | | Parking | | | |  |  |
| PO # |  | Registration Fee | | | |  |  |
| PO # |  |  |  | | Lodging |  |  |
|  | | GSA Daily Rate $ |  | | Meals\* |  |  |
|  | | Other expenses (specify) | | | |  |  |
|  | | TOTAL EXPENSES | | | |  |  |
|  | | TOTAL AMOUNT TO BE REIMBURSED | | | |  |  |
|  | |  | | BUDGET CODE | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\* Meal Expense Calculation** | | | | | | | | | | |
| First & last day of travel @75% of GSA daily rate of | | | | | $ | x | days | = | $ | |
| Number of full day(s) of travel @100% of GSA daily rate of | | | | | $ | x | days | = | $ | |
| Less meals included/provided in registration fees: | | |  | | | | | | | |
| Number of breakfasts included | each | x | | GSA daily rate of | | $ | | = | $ | - |
| Number of lunches included | each | x | | GSA daily rate of | | $ | | = | $ | - |
| Number of dinners included | each | x | | GSA daily rate of | | $ | | = | $ | - |
| **Please submit a copy of your hotel receipt with voucher for verification.** | | | | | | Total Meal Claim | | = | $ | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_