



**Carbondale Elementary School District No.  
95 Travel and Expense Reimbursement  
Request for Calendar Year 2018**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Location/Purpose: \_\_\_\_\_

Dates of Meeting: \_\_\_\_\_  
(Departure Date) (Return Date)

<b>Date(s):</b>					
<b>Registration Fee:</b>					
<b>Lodging</b>					
<b>Transportation</b>					
<b>Meals:</b>					
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Dinner</b>					
<b>Other: (specify below)</b>					
<b>Total</b>					

Mileage: \_\_\_\_\_ miles @ **\$0.545** per mile \_\_\_\_\_

Grand Total: \_\_\_\_\_

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

**Expense Approval**

Amount Approved \_\_\_\_\_

Account Code \_\_\_\_\_

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

\_\_\_\_\_  
Date