MANCHESTER LOCAL SCHOOL DISTRICT
MONTHLY TRAVEL REPORT

Print Name _____ ***Month*** _____, ***20***_____
Employee Signature _____
Building/Position _____ ***P.O. #***_____

Date	*Destination/Explain*	*Registration*	*Lodging*	*Other*	*Miles*

Reimburse @ .58 per mile x_____ miles = $ _____

Registration $_____
Lodging $_____
Other $_____
Mileage $_____

X _____
Immediate Supervisor

REIMBURSEMENT TOTAL $_____

***Room expenses must have a purchase order and prior approval from the Superintendent.**
Take an exemption certificate with you or mail in advance for your room. We are exempt from state sales tax.
(You will be responsible for any state taxes charged due to the absence of the tax exempt form)
Refer to Board Policy if you have any questions.

NO REIMBURSEMENT FOR: meals, entertainment, personal effects, alcohol, tobacco.

A traveler on official school business is expected to exercise the same care in incurring expenses as a prudent person exercises in traveling on personal business. Excessive costs such as those caused by circuitous routes or luxury services or accommodations, are not considered prudent, nor are they accepted for reimbursement.

ALL MILEAGE REIMBURSEMENTS MUST HAVE SUPPORTING DOCUMENTATION (GOOGLE MAPS, MAPQUEST, ETC.) ATTACHED TO THE FORM OR IT WILL NOT BE PROCESSED.
Updated 01/01/2019