

SINGLE MEAL LIMITS

BREAKFAST \$10.00
LUNCH \$13.00
DINNER \$18.00

Boonville R-I School District
Boonville, Missouri 65233

CONFERENCE ITINERARY

SHOWING MEALS INCLUDED
AND ALL EXPENDITURE
RECEIPTS MUST BE ATTACHED

TRAVEL EXPENSE REIMBURSEMENT

Name _____

Date _____

COMPLETE SECTIONS A & B

A.

Date	Depart time	Return time	Trip-To	Trip-From	Total Distance	Reason for Trip

Total Miles _____ x @ .54 Total Mileage Amount _____

*District personnel will only be reimbursed for mileage expenses if the district vehicles are not available for use.

B. Additional Travel Expense ONLY ITEMIZED MEAL RECEIPTS WILL BE ACCEPTED

*Meal Expenses will **ONLY** be covered for overnight travel. Reimbursement for meal expenses for day trips will **ONLY** be made when meals are a part of a registration. Policy Procedure DLC-API

Date	Breakfast	Lunch	Dinner	Other	Overnight Y/N	Total for Day

Total Meals & Other _____

Total Travel Expenses (mileage, meals, other) _____

I certify that the expenses listed above are true and correct and were incurred in the performance of approved activities as an employee of the Boonville R-I School District.

Approved By _____ Employee Signature _____

Date _____ Account Code _____