

**Hoover City Schools
Travel Expenses Form**

Date Submitted: _____

Employee Name: _____

Reimbursement check should be sent to _____
(Home Address/School): _____

Requesting reimbursement for the following expenses incurred while attending (Name of Conference, Date & Location): _____

• Travel (Air travel or Mileage @ .545/mile-attach Map Quest): _____ \$ _____

• Hotel (attach receipt): _____ \$ _____

• Meals:
(\$15/day for day travel)
(\$75/day overnight in-state travel)
(\$85/day overnight out-of-state travel): _____ \$ _____

• Registration Cost (attach copy) : _____ \$ _____

• Miscellaneous (gratuities, parking, etc. – attach receipt): _____ \$ _____

TOTAL EXPENSES: \$ _____

LESS PREPAID EXPENSES: \$ _____

TOTAL REIMBURSEMENT DUE: \$ _____

General Ledger Account#: _____

Submitted by: _____

Approved by: _____

PLEASE ATTACH APPROVED PROFESSIONAL LEAVE FORM