Pipestone Area Schools, ISD #2689
Employee Reimbursement/Travel Claim

NAME: _____ **ID#:** _____

SCHOOL: _____ **DEPT:** _____

A	**Narrative:** Describe the general purpose of your expenses. If expenses are related to a trip, also include destination, dates of trip, and names of others on trip.

B — TRAVEL EXPENSES

	Date of expense:							Receipt Attached ☑	Subtotal	Business Office Use Only
1	Meals (subtotaled by day/$35.00 max)									
2	Lodging									
3	Taxi, Bus									
4	Parking, Tolls									
5	Rental Car Expense									
6	Conference Fees									
7										
8										

Travel Expenses Total (B) _____

C — TRANSPORT

	Date	Mode of Transportation	Departure Location	Arrival Location	Vehicle Request Attached ☑	Business Mileage	x Federal Mileage Rate	Subtotal
1							x .585/mile	
2							x .585/mile	
3							x .585/mile	
4							x .585/mile	

Transportation Total (C) _____

D — MISC. EXPENSES

	Date	Vendor	Description	Receipt Attached ☑	Subtotal
1					
2					
3					
4					
5					

ALL REQUESTS FOR REIMBURSEMENT MUST BE ACCOMPANIED BY A RECEIPT

Misc Expenses Total (D) _____
Travel Expenses Total (B) _____
Transportation Total (C) _____
E Total Expenses Claimed (D+B+C) _____

F Total Expenses NOT Approved _____

G Total Expenses Reimb (E-F) _____

_____ _____
EMPLOYEE'S SIGNATURE (REQUIRED)**/DATE   **ADMINISTRATOR SIGNATURE (REQUIRED)**/DATE**