

# UNION COUNTY PUBLIC SCHOOLS

## TRAVEL REIMBURSEMENT REQUEST

Revised 07-01-11

(Purchase Order NOT required - **request must be made within 15 days of travel.**)

Department/School	Meeting/Activity
Payee's Name/Title	City/State of Activity
Payee's Address	Dates Covered - From: _____ To: _____
	Departure Time: _____ a.m. _____ p.m.
(PLEASE INCLUDE CITY/STATE/ZIP)	Return Time: _____ a.m. _____ p.m.

DATE	MEALS			ROOM	OTHER	TOTAL
	Breakfast	Lunch	Dinner	Per Night	Parking/ Baggage	
In-State	\$8.00	\$10.45	\$17.90	\$63.90		
Out-of-State	\$8.00	\$10.45	\$20.30	\$75.60	Tips	Each Day

Hotel expenses require **original** receipt and are fully reimbursable less personal expenses (calls, movies, etc).  
 Parking expenses require **original** receipt.  
 Please use the following when appropriate:  
                                     If included in registration - **REG**                      If used UCPS credit card - **CC**

TOTAL EXPENSES LISTED ABOVE: (DO NOT INCLUDE ITEMS LISTED AS REG OR CC) \_\_\_\_\_

TRANSPORTATION: PERSONAL VEHICLE MILEAGE \_\_\_\_\_ MILES @ \_\_\_\_\_/mi \_\_\_\_\_

AIR FARE: (MUST PROVIDE **ORIGINAL** RECEIPT) \_\_\_\_\_

TAXI, ETC.: (MUST PROVIDE **ORIGINAL** RECEIPT) \_\_\_\_\_

REGISTRATION: (MUST PROVIDE **ORIGINAL** RECEIPT) \_\_\_\_\_

TOTAL EXPENSES \_\_\_\_\_

This is a true and accurate statement of expenses incurred. I understand that if my request for reimbursement is **not made within 15 days of travel, only meals will be reimbursed.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

BUDGET CODE: \_\_\_\_\_ VENDOR #: \_\_\_\_\_

<p><b>THIS INSTRUMENT HAS BEEN PRE-AUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET &amp; FISCAL CONTROL ACT.</b></p> <p>Finance Officer/Designee _____</p> <p style="padding-left: 40px;">Date _____</p>	<p>PAYMENT INFORMATION</p> <p>Check # _____</p> <p>Check Date _____</p> <p>Amount \$ _____</p>
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**\*\*Original** receipt for room, parking, and registration **MUST** be attached to this form along with copy of payment method:

**Check Copy (front/back)**: Marked out routing/account #'s will be accepted.

**Credit/Debit Card Statement**: Marked out account # and balance will be accepted. All purchases that do not apply to this reimbursement can be marked out.

**Cash**: Receipt **MUST** show payment was made with cash.