

**INDEPENDENT SCHOOL DISTRICT 625
TRAVEL EXPENSE RECORD**

Name: _____ Authorization # _____

Home Address: _____ Event: _____

City, State, Zip: _____ Event Location: _____

Attachment Checklist (Tape small receipts to an 8 1/2 x 11 sheet of paper)	
<input type="checkbox"/>	Original flight itinerary or ticket showing ticket price, destinations, travel dates and times.
<input type="checkbox"/>	Original lodging invoice showing detail of charges
<input type="checkbox"/>	Original ground transportation and airport parking receipts.
<input type="checkbox"/>	Original itemized receipts for any other expenses
<input type="checkbox"/>	Original itemized meal receipts for travel outside the lower 48 States. RECEIPTS MUST BE TRANSLATED AND CONVERTED TO US \$'S WHEN TRAVELING OUTSIDE THE UNITED STATES

All Travel Expenses must be listed below whether they were prepaid or paid directly by the traveler.

This document must be a complete record of the expenses for this travel.

<u>Travel Expense Description</u>	Expenses paid by:			
	RFP fr Dept	Pcard	P.O.	Traveler
Event Registration Fees:	\$	\$	\$	\$
Meals Included with Registration or Lodging: B ___ L ___ D ___				
Airfare/Train/Other:				
Lodging/Room charge-(Lodging and taxes only) No. of Nights _____				
Lodging was shared with: (Name) _____ (If shared please circle one: Employee or Spouse)				
Internet				
Ground Transportation: (list mode and location from and to:)				
Personal Vehicle must include a est. Airfare if Driving.-Include a Map Quest				
Itemize any other Expenses below:				

FOR BUSINESS OFFICE USE ONLY:		FOR BUSINESS OFFICE USE ONLY:	
M & I: Meals and Incidental expenses:	M&I Rate: \$ _____	Total Expenses:	_____
Departure Date and Time: _____ / /	75% \$ _____	Less Total Prepaid:	_____
No. of Days at Full M & I Rate: _____	\$ _____	Less Travel Advance :	_____
Reduction for meals included in Reg/Lodging: B ___ L ___ D ___	\$- _____	Reimbursement Due:	_____
Arrival Date and Time: _____ / /	75% \$ _____		
Total M & I Expense:		Amount owed to District:	

The expenses listed above and original attachments are correct and complete and will not be claimed for reimbursement from any other source or claimed as a tax deduction. I will not submit any mileage listed above on the District's Electronic Online mileage reimbursement form.

Signature of Traveler and Date: _____

Submit form and original attachments to: St Paul Public Schools, 360 Colborne St, Travel Clerk, St Paul, Mn 55102
Keep a copy for your records.