|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE NOTE: Use this form to be reimbursed after conference or field trip has occurred – attach receipts.** | TRAVEL REIMBURSEMENT REQUEST FORM**North East School** **District****North East, PA** | **Date:** |  |
| **CHECK PAYABLE TO:** |  | **REQUESTED BY:** |  |
|  **(Employee)** |
| **ADDRESS:** |  | **ZIP:** |       |
| **NAME OF CONFERENCE/FIELD TRIP:**  |  | **DATE OF TRIP:**  |  |
| **DESTINATION:**  |  |
| **Mileage**  |  | @ | .67¢ |  | Amount |  | Attach **ALL** receipts for travel including: ground travel, air fare, tolls, parking, lodging, meals, and other allowable expenses incurred. |
| $ |       |
| **Other Travel Expenses…………………..** | $ |       |
| **Meals………………………………………..** | $ |       |
| **Room………………………………………..** | $ |       | **APPROVAL:**  |  |
| **Miscellaneous………………………………** | $ |       |  |
| **TOTAL…………………………………...** | $ |       | **APPROVAL:** |  |
| **LESS amount of cash advance from Cash Advance Request Form – (Blue)** | $ |       |  |
| BALANCE DUE………………………… | $ |       | **PO #/Account #:** |  |
|  |  |
|  |  |  |  | **Date Approved:** |  |
| Revised January 2024 |  |  |  |  |  |
| (Pink Form) |
| **PLEASE NOTE: Use this form to be reimbursed after conference or field trip has occurred – attach receipts.** | TRAVEL REIMBURSEMENT REQUEST FORM**North East School District****North East, PA** | **Date:** |  |
| **CHECK PAYABLE TO:** |  | **REQUESTED BY:** |  |
|  **(Employee)** |
| **ADDRESS:** |  |  **ZIP:**  |       |
| **NAME OF CONFERENCE/FIELD TRIP:**  |  | **DATE OF TRIP:**  |  |
| **DESTINATION:**  |  |
| **Mileage**  |  | @ | .67¢ |  | Amount |  | Attach **ALL** receipts for travel including: ground travel, air fare, tolls, parking, lodging, meals, and other allowable expenses incurred. |
| $ |       |
| **Other Travel Expenses……………...……..** | $ |       |
| **Meals………………………………………..** | $ |       |
| **Room………………………………………..** | $ |       | **APPROVAL:**  |  |
| **Miscellaneous………………………………** | $ |       |  |
| **TOTAL…………………………………...** | $ |       | **APPROVAL:** |  |
| **LESS amount of cash advance from Cash Advance Request Form – (Blue)** | $ |       |  |
| BALANCE DUE………………………… | $ |       | **PO #/Account #:** |  |
|  |  |
|  |  |  |  | **Date Approved:** |  |
| Revised January 2024 |  |  |  |  |  |

(Pink Form)