

\*Expense Reimbursement Requests may be completed online through ERMA.

## EMPLOYEE TRAVEL EXPENSE REPORT FARMINGTON ISD # 192

<b>Print Name:</b>		<b>Location:</b>				<b>Period From:</b>			<b>To:</b>		
<i>Use back of form if additional space is needed.</i>						<i>NOTE: Attach or tape all receipts to full sheets of paper to prevent loss or damage.</i>					
Date	Description of Activity <small>Convention, Workshop, Between Buildings, Scouting etc.</small>	Travel		Mileage		Meals			Lodging	Other Expenses	
		From	To	Mileage Between Dist. Bldgs	Out of District Travel enter actual miles	Breakfast	Lunch	Dinner	ie.Hotel	Description	Amount
											\$
<b>Reimbursement for mileage is ) ( cents per mile.</b>				x .5/ mi	x .5/ mi	<b>Note: Total meals reimbursed is not to exceed \$40.00 per day.</b>					
<b>Enter Totals on this line</b>				\$	\$	\$	\$	\$	\$	\$	\$
<b>Grand total: Mileage, meals and lodging:</b>											\$

I certify that these expenses are true and correct, pursuant to school district travel regulations and procedures and that no payment or reimbursement will be or has been received for these expenses.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify that the expenses covered by this claim have been incurred and payment is hereby recommended.

**Supervisor Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Mgr. Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

~ ACCOUNT CODE ALLOCATION ~						
Fund	Organiz.	Program	Course	Finance	Object	Amount
						\$
						\$
						\$
						\$
						\$
						\$
Less Advance Check(s) #						\$
<b>Due Employee</b>						\$
Due District (attach remittance)						\$

**NOTE:** Check requests are processed each week on Thursday. Please have your expense report sent to the Business Office by Monday of that week to ensure timely processing by Thursday.

