

RICHMOND COUNTY SCHOOL SYSTEM TRAVEL REIMBURSEMENT FORM

DATE: _____

**** Submit within 30 days of the end of travel via ESM (Travel Reimbursement)** Over 90 days WILL NOT be reimbursed. ****

NAME _____	EID: _____
SCHOOL/DEPARTMENT: _____	POSITION: _____
DESTINATION: _____	DATE(S) OF TRIP: _____
ESM APPROVED TRANSACTION NUMBER: _____	
TRAVEL ACCOUNT NUMBER(S) _____	\$ _____
_____	\$ _____

TRAVEL EXPENSE REIMBURSEMENT REQUEST

**** MEALS ****

The GA Standard In-State Per Diem rates are: Breakfast \$13.00, Lunch \$14.00, Dinner \$23.00
Exclude any meals provided by a hotel or conference.

Refer to GSA Per Diem Rates for other than Standard Rates, include documentation if using other than the Standard Rate.

	RATE USED: \$ _____ \$ _____ \$ _____																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">DATE</th> <th style="width: 15%;">BREAKFAST</th> <th style="width: 15%;">LUNCH</th> <th style="width: 10%;">DINNER</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	DATE	BREAKFAST	LUNCH	DINNER																					
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Must Be Completed for Meal Reimbursement (refer to policy on Form T-1 for eligible expenses):

Departure: Date: _____ Time: _____ AM / PM (circle one)

Return: Date: _____ Time: _____ AM / PM (circle one)

Total Cost of Meals (from above)	\$ _____
Odometer Reading	
Beginning _____ Ending: _____ Total Business Miles: _____	
Board Car not available ____ \$.58/mile car, ____ \$.55/mile motorcycle.	
Board Car available and not used _____ \$.20/mile.	\$ _____
Auto Rental (Attach Documentation)	\$ _____
Plane Fare (Attach Documentation)	\$ _____
Hotel (Attach ORIGINAL Statement)	\$ _____
Registration (Attach Receipt)	\$ _____
Miscellaneous (Parking, Taxi, Baggage, Etc.).....	\$ _____
TOTAL EXPENSE	\$ _____
LESS AMOUNT ADVANCED (Paid by Board)	\$ (_____)
REFUND TO BOARD / AMOUNT DUE EMPLOYEE (attach refund check)	\$ _____

The employee certifies that the amounts claimed are the actual amounts paid by the employee.

X _____	_____
Employee Signature	Date

EXPENSE REIMBURSEMENT APPROVAL	
X _____	X _____
Principal/Director/Supervisor Signature and Date	Superintendent/Senior Team Signature and Date