

# CFCSD MONTHLY MILEAGE & EXPENSE REIMBURSEMENT FORM

Name \_\_\_\_\_

Purchase Order Number \_\_\_\_\_

Date	Destination/Purpose	Miles Traveled	Jan 1, 2025 Travel Cost: 70 cents per mile	Meals* Not to exceed \$50 day for overnight or \$20 day for day trips out of county	Registration*/ Misc./Other*	Daily Total
<b>Totals:</b>						

**\*Receipts Required!!**

**PRIOR APPROVAL** is required for all staff requesting lodging, meals, mileage, parking and registration for any trip.

**The following procedures must be followed to receive reimbursement:**

- A. \*All **original itemized receipts** must be attached for meals. Reimbursement for **gratuities will not exceed 18%** unless a higher amount is automatically added to the bill.
- B. Your starting point for your trip is your home or school, whichever is closer to the destination. (Include a map quest for out of town trips)
- C. Important: The following items will not be reimbursed: room service fees, movies, alcoholic beverages, etc. Employees must exercise prudence and sound business judgment when submitting travel expenses.
- D. Overnight trips: this form and all receipts must be turned in within five business days upon your return.

**You are responsible for reviewing Board policy DLC & DLC-R Expense reimbursements.**

I hereby certify that all expenses listed above are justifiable and were actually incurred by myself and/or those individuals listed herein.

\_\_\_\_\_  
Signature, Employee Date

\_\_\_\_\_  
Signature, Administrator/Supervisor Date