CFCSD MONTHLY MILEAGE & EXPENSE REIMBURSEMENT FORM

Name _____ **Purchase Order Number** _____

Date	Destination/Purpose	Miles Traveled	July 1, 2026 Travel Cost: 76 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
	Totals:					

***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

Revised: 07/01/2026