

**PENDLETON SCHOOL DISTRICT**  
**STAFF TRAVEL REIMBURSEMENT FORM**

**Trip Information**

**Documented proof of travel is REQUIRED** (meeting notice, flyer, etc.)

Your name:	
Trip destination:	
Purpose of trip:	
Meeting date:	
Departure date:	
Return date:	

**Lodging Information**

Hotel name:	
Nights of stay:	
Payment method: (check one) <input type="checkbox"/> District Visa <input type="checkbox"/> Purchase Order <input type="checkbox"/> District Check <input type="checkbox"/> Personal CC	
<input type="checkbox"/> Other (explain) _____	
<b>NOTE: Please attach Hotel receipt.</b>	

**Meal Information**

Meals: Meals will be reimbursed at Per Diem rates of: Breakfast \$13, Lunch \$15, Dinner \$26
Number of meals:      _____ Breakfast      _____ Lunch      _____ Dinner
For travel begun two hours prior to regularly scheduled work shift, breakfast is allowed.
Lunch will be allowed if not already included in conference registration.
For travel ending two hours past regularly scheduled work shift, dinner is allowed.

**Transportation Information**

Transportation mode: (check one) <input type="checkbox"/> Personal Car <input type="checkbox"/> Other (explain) _____
<b>Mileage needs to be verified</b> (Google map)
Miles driven: _____
Current per diem rate is \$0.67 as of 01/01/2024 - rate subject to change

**Other Information**

Other Expenses: Parking charges if applicable - will need receipt - most parking charged to rooms
(Please Describe) _____

**TOTAL REIMBURSEMENT REQUESTED:**

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Date

Signature (person requesting reimbursement)

Date

Signature (administrator approving reimbursement)