

**Earle School District  
Travel and Expense Reimbursement Form**

Name Of Payee \_\_\_\_\_ Event \_\_\_\_\_  
 Department \_\_\_\_\_ Grade \_\_\_\_\_  
 Date \_\_\_\_\_ Where \_\_\_\_\_  
 School Name \_\_\_\_\_

M/D/Y	From	To	Miles Driven	Rate Per Mile	Amount Claimed
	Earle School District			0.42	
	Earle, AR. 72331			0.42	
				0.42	
				0.42	
				0.42	
				0.42	
				0.42	
				0.42	
				0.42	
<b>Totals</b>					
<b>Additional Expense</b>					
M/D/Y	Hotel	Meals	Tax/Shuttle	Other Expense	
<b>Total</b>					
<i>Documents Required for Reimbursement</i>					<b>Grand Total</b>

1. Travel Approval Form signed by all parties
  2. Registration
  3. Agenda
  4. Map Quest or Google Maps for mileage
  5. Hotel/Meal receipts/ must be signed by all parties and MUST BE ORIGINALS and be itemized
  6. All Reimbursement forms must be signed by payee, superior and superintendent
  7. Destination must be addressed to address not city to city
- Any forms not complete will be returned and not paid until complete  
 If you need assistance or have questions call Cindy Smith 501-683-5288 or Cynthia Brannon 501-683-5289

Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_