

Travel Expense Reimbursement

Minnesota Conference Education Department

Name: _____

School: _____

Please check one: Event Date(s): _____

Convention

Interview – Location: _____

Inservice Meeting

Other: _____

Roundtrip miles from _____ to _____ = _____ mi. x \$.50 = \$ _____

One-way miles from _____ to _____ = _____ mi. x \$.50 = \$ _____

Parking, fares, other _____ (Original receipts required) \$ _____

Per diem (meals) _____ x _____ (Employee only with overnight stay) \$ _____

Per diem (meals) _____ x _____ (Employee only – with overnight stay) \$ _____

Per diem (meals) _____ x _____ \$ _____
of days rate per day

Lodging: Number of nights _____ (Receipt required) \$ _____

Other (Receipts required) _____ \$ _____

Signature: _____

TOTAL \$ _____