

TRANSPORTATION REQUEST AND CLAIM REIMBURSEMENT
EUREKA COUNTY SCHOOL DISTRICT

Date Approved: _____

Copied to: _____

TRANSPORTATION REQUEST SECTION

Name _____ Current Date _____

Travel To: _____ Purpose (attach agenda): _____

Depart Date _____ Time _____ Return Date _____ Time _____ Total Persons to be Transported _____

Preferred Method Of Travel (check one): District Vehicle _____
Personal Vehicle _____
(Note: District Liability Insurance only in effect after employee's policy limits are exhausted)

Board Approval (out-of-state requests & all board member travel) Clerk: _____ Date: _____

REIMBURSEMENT SECTION

Total Mileage Miles @ \$0.65.5/mile.....\$ _____

of Breakfasts @ not to exceed \$11.00.....\$ _____
of Lunches @not to exceed \$12.00.....\$ _____
of Dinners @ not to exceed \$23.00.....\$ _____
Incidental Expenses @ not to exceed \$5.00 (only for overnight stays)\$ _____

Lodging: # of nights @ \$ _____ Superintendent's Initials _____ \$ _____

(Note: Superintendent's previous approval required below to exceed \$91.00/night rate or \$102.00 Washoe/Clark)

Airfare.....\$ _____

Registration\$ _____

Other Expenses\$ _____

(Note: Upon return to Eureka, complete a separate Purchase Order and attach receipts to claim reimbursement for incidental expenses such as parking lot fees or cab/shuttle fares)

Reimbursable SUBTOTAL \$ _____

Code: _____

TOTAL Cost of Trip \$ _____

Signature of Person Submitting Request

Approval: _____ / _____ / _____ / _____
Principal Date Superintendent Date

***** N

Note: Read reverse side for information concerning travel claim.

- A. The district will reimburse only from completed form and Superintendent approval of claim
B. Each employee must complete a separate claim reimbursement form
C. Out-of-state travel requests must be approved by the Board.