Professional Travel Reimbursement Request Peru Elementary School District 124

Name:			Conference/Activity:			
Location:	cation: Date(Attended:		
Mileage (per	the curren	t IRS rate) otal Miles @	\$0.58 per Mile =	\$	Mileage Total	
Meals (attac	h itemized Date		eimbursement w i Meal	i ll not exceed Amount ¢	l maximum below)	
				\$ \$ \$		
				\$	Meal Total	
Registration	(if not prep \$		approved)	\$	Registration Total	
Hotel (attac	h itemized ı	eceipts, re	imbursement wi	ll not exceed	maximum below)	
	\$			\$	Hotel Total	
Parking (atta	ach receipts	s, if not inc	luded with hotel)		
	\$			\$	Parking Total	
Other Expen	ses (attach Purpose/Ex		eceipts, train, ca	b fares, prof e Amount \$	essional materials, etc.)	
				\$ \$		
					Other Expenses Total	
Grand	d Total Requ	uested for	Reimbursement	\$		
Board/Employee Signature:			Date Submitted:			
Administrative Signature:			Date Approved:			
 All Board e Expenses Attach iter 	expenses and should be inc mized receipt	l any Emplo cluded for Bo <u>s</u> for reimbu	bard or Employees	only (no guest beverages car	not be reimbursed)	

- Car Mileage IRS Standard Rate
- Car Rental, Air, Bus or Rail Travel Lowest Rate or Coach Class
- Gratuities, Parking, Taxis Actual Rate (when necessary)
- Lodging Location Maximum (pre-approval for number of nights required): Downstate and Other Areas – Conference Rate up to \$175.00 Chicago Suburban Area – Conference Rate up to \$200.00 Chicago Metro Area – Conference Rate up to \$225.00