



Professional Travel Reimbursement Request

Peru Elementary School District 124

Name: _____ Conference/Activity: _____

Location: _____ Date(s) Attended: _____

Mileage (per the current IRS rate)

_____ Total Miles @ \$.70 per Mile = \$ _____ Mileage Total

Meals (attach itemized receipts, reimbursement will not exceed maximum below)

Date	Meal	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		\$ _____ Meal Total

Registration (if not prepaid and as approved)

\$ _____ \$ _____ Registration Total

Hotel (attach itemized receipts, reimbursement will not exceed maximum below)

\$ _____ \$ _____ Hotel Total

Parking (attach receipts, if not included with hotel)

\$ _____ \$ _____ Parking Total

Other Expenses (attach itemized receipts, train, cab fares, professional materials, etc.)

Purpose/Explanation	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	\$ _____ Other Expenses Total

Grand Total Requested for Reimbursement	\$ _____
--	-----------------

Board/Employee Signature: _____ Date Submitted: _____

Administrative Signature: _____ Date Approved: _____

Expense Policy and Maximum Reimbursements

- All Board expenses and any Employee expenses exceeding limits require Board action for approval
- Expenses should be included for Board or Employees only (no guests)
- Attach itemized receipts for reimbursement (alcoholic beverages cannot be reimbursed)
- Maximum Meal Reimbursement – Breakfast \$18.00, Lunch \$20.00, Dinner \$36.00
- Car Mileage – IRS Standard Rate
- 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