MILLARD PUBLIC SCHOOLS

2026(Jul-Dec) Employee Travel Reimbursement Request (Overnight Stay Required)

1. The check for the reimbursement should be made payable to:

Name: _____ Emp. ID # _____

Street: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Location: _____

2. The travel expenses were incurred while attending the following:

Name & **Location** of Conference: _____

(Please provide a copy of the conference itinerary.)

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

3. The registration fees:

☐ Were paid by the district with (P-Card ☐ MPS Check ☐).

☐ Were paid by me and I am requesting reimbursement for $ _____

(Attach completed registration form and receipt.)

☐ There were no registration fees.

4. The following meal expenses were incurred (including tips):

(Enter the actual cost incurred for each meal. If the actual cost exceeded the maximum, limit your reimbursement request to the maximum. Exclude all alcoholic beverages. Write "provided" in the space for any meals paid for through registration fees or sources other than you.)

Date						
Breakfast (Max: $16)	$	$	$	$	$	$
Lunch (Max: $25.60)	$	$	$	$	$	$
Dinner (Max: $38.40)	$	$	$	$	$	$
TOTAL (Max: $80)	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

TOTAL MEAL EXPENSE: **$** 0.00

5. The lodging expenses:

☐ Were paid by the district with (P-Card ☐ MPS Check ☐).

☐ Were paid by me and I am requesting reimbursement in the amount of: $ _____

Name of Hotel/Motel: _____

If applicable, list additional staff members sharing this lodging expense:

_____

Arrival Date: _____ Departure Date: _____

(Attach original itemized lodging receipt. Exclude all meals, movies, and other personal expense items. If non-employees shared the accommodations, exclude the cost above the single occupancy rate. If the single occupancy rate is not documented, it will be presumed to be no more than 80% of the multiple occupancy rate on the lodging receipt.)

6. The transportation expenses:

a. Personal auto mileage: _____ miles @ $ 0.760 $ 0.00

From: _____ To: _____

If applicable, list any additional staff members traveling in the vehicle:

_____

b. Parking, shuttles, and tolls: *(Attach receipts for items over $25, if available)* $_____

c. Auto rental:

☐ Paid by the district with (P-Card ☐ MPS Check ☐).

☐ Paid by me and I am requesting reimbursement for $_____
(Attach original receipt from car rental company.)

d. Airfare:

☐ Paid by the district with (P-Card ☐ MPS check ☐).

☐ Paid by me and I am requesting reimbursement for $_____
(Attach original receipt from airline or travel agency.

di. Baggage Fees: $_____

TOTAL REIMBURSEMENT REQUEST: **$** 0.00

I hereby certify that all of the above expenses were incurred by me in the performance of my duties for the Millard Public Schools.

_____ _____
Signature of Employee Date

_____ _____
Approval Signature District Budget Code