



Travel Reimbursement Request Form

This form is to be used to claim expenses and other reimbursements for travel. Detailed receipts with a breakout of claimed charges required for all expenses except car mileage. Mileage will be reimbursed based upon the most direct route between the point of origin and the destination, and return.

Distances shall be as indicated on latest official State Highway map or electronic program.

Name: _____ WAMOA Office Position: _____

School District: _____ Phone: () _____

Address: _____

City/State: _____ Zip: _____

EXPENSES

Point of Origin: _____ Destination: _____

Date Left: _____ Date Returned: _____

Trip Purpose: _____

Transportation

Common Carrier \$ _____

Car Mileage round trip _____ **x .50 rate** \$ _____

Parking/Toll _____ \$ _____

TOTAL Transportation \$ _____

Lodging \$ _____

Other Expenses (Identify on Receipts)

Meals (Must be listed separately)

Day 1) Breakfast \$ _____ Lunch \$ _____ Dinner \$ _____

Day 2) Breakfast \$ _____ Lunch \$ _____ Dinner \$ _____

Day 3) Breakfast \$ _____ Lunch \$ _____ Dinner \$ _____

TOTAL Meal Expense \$ _____

TOTAL REIMBURSEMENT \$ _____

I, the undersigned, do hereby certify that the above expenses are true, just and correct against WAMOA.

Signed: _____

Checks will be made out to the person file claim and sent to them at their school districts address, unless directed otherwise by special instructions on reverse side.

(1) Must be approved by WAMOA President. (2) Round trip most via route. (3) Hotel's commercial rate: \$100.00/day maximum unless approved in advance. (4) Meals not to exceed %50.00/day total. Attach detailed Receipts.