Hoover City Schools
Travel Expenses Form

Date Submitted: ____________________________

Employee Name: ________________________________

Reimbursement check should be sent to ________________________________
(Home Address/School): ________________________________

Requesting reimbursement for the following expenses incurred while attending (Name of Conference, Date & Location): ____________________________________________________________

• Travel (Air travel or Mileage @ .575/mile-attach Map Quest): ____________  $________
• Hotel (attach receipt): ________________________________  $________
• Meals:
  ($15/day for day travel)
  ($75/day overnight in-state travel)
  ($85/day overnight out-of-state travel): ________________________________  $________
• Registration Cost (attach copy): ________________________________  $________
• Miscellaneous (gratuities, parking, etc. – attach receipt): ____________  $________

TOTAL EXPENSES:  $________
LESS PREPAID EXPENSES:  $________
TOTAL REIMBURSEMENT DUE:  $________

General Ledger Account#: __________________________________________________________________

Submitted by: ____________________________________________________________________________

Approved by: ____________________________________________________________________________

PLEASE ATTACH APPROVED PROFESSIONAL LEAVE FORM

Revised January 2020