BROKEN BOW PUBLIC SCHOOL DISTRICT I-074
TRAVEL REIMBURSEMENT CLAIM FORM

NO TRIP WILL BE APPROVED AND NO REIMBURSEMENT WILL BE ISSUED UNLESS A PURCHASE ORDER IS ISSUED PRIOR TO THE TRIP.

TO BE COMPLETED BY PERSON WISHING TO BE APPROVED FOR TRAVEL AND REIMBURSED FOR MEALS ACCORDING TO BOARD POLICY FOR TRAVEL AND EXPENSE REIMBURSEMENT. Employees are encouraged to use a staff vehicle for school related trips. The cost of meals will be reimbursed for overnight trips based on the Meal reimbursement rates requiring meal expenses to be itemized and documented. **Incidental expenses listed below must include receipt(s) in order to receive reimbursement**. Per Diem rate will not exceed those provided in 74 O.S. 500.8.

Person making request:	
Purpose of trip:	
Departure **Date**:	
Departure **Time**:	
Destination:	
Lodging required:	O Yes O No
Return **Date**:	
Return **Time**:	

Day Travel Meal Reimbursement Per Diem over 60 miles: $24.00
(Student organization sponsors will be covered for meal by the organization.)

Calculation of OVERNIGHT Meal reimbursement Rates:

Departure Time (First Day)		*Return Time (Last Day)*	
Before 11:00 a.m.	*$24.00*	*Before 12:00 noon*	*$9.00*
11:00 a.m. – 6:00 p.m.	*$16.00*	*12:00 noon – 7:00 p.m.*	*$18.00*
After 6:00 p.m.	*$00.00*	*After 7:00 p.m.*	*$32.00*

Signed itemized receipts will be required for all meal reimbursement, not to exceed meal reimbursement rates.

Per Diem Calculation: **$**

First Day amount	*from above*	
Days in between	*days x $32 per day =*	
Last Day amount	*from above*	
TOTAL PER DIEM		

Incidental Costs (RECEIPTS REQUIRED):

Airfare	
Taxi / Bus Fees	
Rental Car Costs	
Parking / Tolls	
Fuel	
Mileage (total miles x 54.5/mile) x .545 =	
Registration	
TOTAL REIMBURSEMENT	

I CERTIFY THAT THE INFORMATION SUBMITTED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE:_____

ADMINISTRATOR AUTHORIZATION:_____

CODING	YEAR	FUND	PROJ	FUNC	OBJ	PROG	SUBJ	JOB	SITE