

**Report of Official Expenses  
Elko County School District  
In-State and Out of State Travel  
Meal Reimbursement Form**

THIS FORM **MUST** BE SUBMITTED WITHIN 30 DAYS OF A SINGLE TRAVEL EVENT OR THE MONTH-END FOR REGULAR AND CONTINUING TRAVEL OR THE CLAIM WILL BE DENIED.

Name: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Date of Departure \_\_\_\_\_ Time of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Destination: \_\_\_\_\_

**To receive breakfast	Person starts travel status on or prior to 6:30 A.M. Person terminates travel status on or after 8:30 A.M.
**To receive lunch	Person starts travel status on or prior to 11:30 A.M. Person terminates travel status on or after 1:30 P.M.
**To receive dinner	Person starts travel status on or prior to 4:30 P.M. Person terminates travel status on or after 6:30 P.M.

**Receipts required for items 1 through 3**

- 1. Ticket for Travel \_\_\_\_\_
- 2. Meals \_\_\_\_\_
- 3. Other Expenses \_\_\_\_\_
- Total Items 1-3** \_\_\_\_\_

Days Per Diem:	<u>RATES</u>		CONUS	
	GSA			
_____ **Breakfast @	_____	or	\$9.00	= _____
_____ **Lunch @	_____	or	\$14.00	= _____
_____ **In/Out State Dinner @	_____	or	\$28.00	= _____
			<b>Grand Total</b>	_____

**Budget Code Required:** \_\_\_\_\_

I hereby certify that the foregoing is a true and correct amount of actual expenses incurred:

\_\_\_\_\_  
Signature of Claimant

I hereby certify that the foregoing trip was authorized as necessary for the operation of our school program:

\_\_\_\_\_  
Signature of Principal:

Administrative Office Approval:

\_\_\_\_\_  
Approved By