

JC-004
 Exp. 04/2014
 Rev. 04/28/2009

The School District of Jackson County
 Marianna, FL 32447

Reimbursement for Mileage Diem Form – (Out of County)

Name _____ School _____ Employee ID # _____

(Please Print)

Inservice Component Name _____ Component Number _____

Instructions:

1. If claiming only meals and/or per diem, complete 1, 2, 3, 4, 7, 8 and 12; write “complimentary” in columns 5, 6, 9, 10 and 11. If claiming mileage, all columns must be completed.
2. If claiming reimbursement for actual expenditures or per diem, a copy of the motel/hotel bill must be attached showing single occupancy rate.
3. A copy of the program or conference agenda must be attached.
4. A detailed explanation must be given stating specific purpose of travel.
5. Limited vicinity mileage may be allowed by prior approval of the Superintendent, but must be shown as a separate line item. Specific reason for vicinity mileage must be explained for audit purposes. Vicinity mileage is not allowed for travel for meals or personal activities.
6. A statement must be made on this form if any meal or lodging is included in the registration fee. If so, the specific item must be identified and subtracted from the totals below.

DATE OF DEPARTURE	DATE OF RETURN	TIME OF DEPARTURE	TIME OF RETURN	BEGINNING ODOMETER READING	ENDING ODOMETER READING	DEPARTURE	DESTINATION	MILEAGE CLAIMED	RATE	TOTAL	TRAVEL AUTHORIZED BY:
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
									\$40.5	\$0.00	
									\$40.5	\$0.00	
									\$40.5	\$0.00	
									\$40.5	\$0.00	

MUST BE COMPLETED BEFORE PAYMENT CAN BE MADE (Failure to complete this section will result in its being returned to you for completion)

Room shared with _____ Purpose of Travel (Be specific) _____

Reason for vicinity miles claimed (Be specific) _____

Mileage complimentary of _____ Other passengers _____

Meals or lodging included in registration fee _____

Additional explanation _____

I hereby certify this to be a true account of my necessary and actual expenses in the performance of my assigned duties.

 Signature Date

 Mailing Address

 **Principal/Superviso Date

Mileage (amount)	\$0.00
Flight Fare (Attach Ticket)	_____
Hotel Costs or	_____
Per Diem () @ \$50	\$0.00
Registration/Toll/Other (Attach Receipts)	_____
Consultant Fees	_____
Meals	_____
TOTAL	\$0.00

CODING FOR PAYMEN

FUND	FUNCTION	OBJECT	COST CENTER	PROJECT	PROGRAM	TOTAL

