

DANVILLE PUBLIC SCHOOLS
TRAVEL REIMBURSEMENT FORM

NAME: _____

DATE:	DESTINATION	ROUND TRIP MILES	PURPOSE Of TRIP

Total # of Miles _____
 Reimb per mile X .42
 Total Reimbursement Claimed _____

LODGING, MEALS, AND MISCELLANEOUS REIMBURSEMENTS

DATE:	PLACE OF SERVICE	Break-Fast	Lunch	Dinner	Misc.	Lodging
		\$5 per day	\$8 per day	\$12 per day		
TOTAL MEALS						
TOTAL LODGING						
TOTAL MISC						

Signature _____
 Date: _____ Total Amount Claimed _____

Authorizing Signature _____
 (Required before reimbursement per Arkansas Division of Legislative Auditors)