FAIRFIELD PUBLIC SCHOOLS

## Fairfield, CT 06825

**OUT OF TOWN TRAVEL**

**Request for Reimbursement**

**2022-2023**

Date/s of Trip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination (City/State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee Requesting Reimbursement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

School/Department­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses Incurred:

 Car (\_\_\_\_\_\_\_\_\_\_) Miles @.625 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tolls\* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parking\* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Air/Train Fare\* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other Ground Transportation\* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hotel\* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Meals\* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other Expenses\* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(No reimbursements will be made without receipts and/or proof of payment)**

Maximum Reimbursement Authorized (where applicable) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administrator’s Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return completed form and receipt(s) to the Accounts Payable Department

\*Receipt required. TRAVEL REIMBURSEMENTS WILL NOT BE PROCESSED IF SUBMITTED AFTER JUNE 30th (of the current school year). ALL REGISTRATIONS AND CONFERENCE FEES ARE TO BE PROCESSED ON PURCHASE ORDERS AND WILL NOT BE REIMBURSED USING AN OUT OF TOWN TRAVEL FORM.