



SYRACUSE CITY SCHOOL DISTRICT

EVENT: _____

TRAVEL

EXPENSE STATEMENT

PLACE: _____

DATES: _____

NAME: _____

BUILDING LOCATION: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL FOR WEEK
DATE: _____								
I. TRANSPORTATION								
A. AUTO, _____ MILES AT _____ (RATE)								
B. PLANE _____, BUS _____, * TRAIN _____, RIDING w/ _____, * OTHER _____, DIST CAR _____ *								
C. THRUWAY TOLLS*								
D. OTHER TOLLS AND PARKING FEES*								
E. TRANSPORTATION CHARGES TO & FROM AIRPORT*								

II. LODGING & MEALS								
A. AMERICAN PLAN (room and meals combined)*								
B. EUROPEAN PLAN (hotel expenses)*								
C. MEALS (details required for claim) maximum								
Breakfast - use GSA rates** Must be in transit by 6am								
Lunch - use GSA rates**								
Dinner - use GSA rates** Only for travel returning after 7pm								

III. OTHER EXPENSES								
A. REGISTRATION FEE ETC.*								
B. OTHER (explain)*								
TOTAL EXPENSES								

REMARKS: * Receipts Required ** GSA Rates are located at: <http://www.gsa.gov/portal/category/100120>

CLAIMANT'S CERTIFICATION: Sign this request for reimbursement after trip is completed and submit to the Accounts Payable Dept. with receipts, approved Request for Excused Absence, and proof of attendance such as an itinerary or certificate of completion.

I hereby certify that the above claim for reimbursement in the amount of \$_____ is true and correct and that the services charged were actually performed, delivered, or made within the dates stated; that the items are correct; that the sums charged are reasonable and just; that no part has been paid or reimbursed from other sources; that taxes from which the School District is exempt are not included, and that the amount claimed is actually due.

Signature

Mailing Address

Date

REMINDER: SUBMIT APPROVED REQUEST FOR EXCUSED ABSENCE WITH THIS FORM