



**REQUEST FOR TRAVEL EXPENSE  
ADVANCE/REIMBURSEMENT**

<b>TRAVEL SUMMARY</b> _____ - _____ <b>SCHOOL YEAR</b> This request in-state _____ out-of-state _____ <b>No. Workdays</b> _____ Number of previous trips in-state _____ <b>No. Workdays</b> _____ Number of previous trips out-of-state _____ <b>No. Workdays</b> _____ Total previous trips _____ <b>Total Workdays</b> _____	This will be the _____ out-of-state trip (No. of Trips) for this employee this _____ school year. (Year) <p align="center"><b>(See Reverse.)</b></p>
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EMPLOYEE NAME \_\_\_\_\_ TITLE \_\_\_\_\_ EMPLOYEE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
 EMPLOYEE SCHOOL/DEPT. \_\_\_\_\_ WORK LOCATION NUMBER \_\_\_\_\_ PAYCODE \_\_\_\_\_

I respectfully request approval of Expenses and Temporary Assignment of Duty from \_\_\_\_\_ to \_\_\_\_\_ to attend  
 \_\_\_\_\_ as a \_\_\_\_\_ and \_\_\_\_\_ other days taken as \_\_\_\_\_  
 (Description of conference, meeting, etc.) (Presenter, student, participant, etc.) (Personal, vacation, etc.)

LOCATION \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>ESTIMATED</b>	<b>TRAVEL DATA</b>	<b>ACTUAL</b>
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DEPARTURE: Date \_\_\_\_\_ Time \_\_\_\_\_ PLEASE CHECK MODE OF TRAVEL: DEPARTURE: Date \_\_\_\_\_ Time \_\_\_\_\_  
 Air: MDCPS  Individual   
 Private Vehicle: Driver  Passenger  RETURN: Date \_\_\_\_\_ Time \_\_\_\_\_  
 Other \_\_\_\_\_

DESCRIPTION OF EXPENSES	ESTIMATED	REQUISITION #	ADVANCE REQUESTED	- ACTUAL	= DUE	EMPLOYEE/ MDCPS
A. Transportation						
1. Common Carrier - minimum rate (specify) = \$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____	
2. Private vehicle: _____ miles x _____ rate	_____	_____	_____	_____	_____	
3. Car rental (see reverse)	_____	_____	_____	_____	_____	
4. Taxi, tolls, parking, etc. (attach original receipts)	_____	_____	_____	_____	_____	
B. Per Diem Option: _____ Days (OR) * Hotel = \$ _____	_____	_____	_____	_____	_____	
X \$ _____ = \$ _____ Meals = \$ _____	_____	_____	_____	_____	_____	
C. Incidental (attach original receipts)	_____	_____	_____	_____	_____	
<b>SUB-TOTAL</b>	\$ _____	_____	\$ _____	\$ _____	\$ _____	
D. Registration/Tuition (attach original receipts)	_____	_____	_____	_____	_____	
* Florida State Sales Tax is not to be paid on hotel room.						
Use Tax Exempt No. 23-08-324893-53C						
<b>TOTAL</b>	\$ _____	_____	\$ _____	\$ _____	\$ _____	

<b>CHARGE TO:</b>	FUND	WORK LOC.	OBJECT	PROGRAM	FUNCTION	CHARGE LOC.	<b>INTERNAL FUND</b>
			5 3 3 1				

**AUTHORIZATION:**

CERTIFICATION OF AVAILABLE FUNDS

\_\_\_\_\_  
 Supervisor of Charge Location (Typed) Signature Title Date  
 TRAVEL APPROVED

\_\_\_\_\_  
 Supervisor of Employee (Typed) Signature Title Date  
 TRAVEL APPROVED

\_\_\_\_\_  
 Superintendent of Schools or designee (Typed) Signature Title Date

**AFTER TRAVEL:**

I certify that these expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties, and are true and correct to the best of my knowledge and belief.

EMPLOYEE \_\_\_\_\_  
 (Signature) Date

APPROVED FOR PAYMENT \_\_\_\_\_  
 Supervisor of Charge Location (Typed) Date

Approval up to \$ 2,500
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\_\_\_\_\_  
 Signature Title

## TRAVEL INFORMATION

**MAXIMUM EXPENSES:** Actual expenses for travel outside of Miami-Dade County, excluding registration and tuition, may be approved up to \$ 2,500. Expenses exceeding \$2,500. must be approved by the Superintendent of Schools (no exceptions).

**TRANSPORTATION:** For airline tickets and car rental credit card, a purchase requisition for each is required, issued to the Board approved vendor (consult the Department of Procurement Management for proper vendor). Refer to the Travel Policies and Procedures Manual for details.

**CAR RENTAL:** Request authorization for \_\_\_\_\_ to use a rental car while on leave in the performance of official duties (employees should use sub-compact models whenever possible).  
*(Employee's Name)*

The following conditions justify this request (check one):

\_\_\_\_\_ A rental car is more cost-effective than other ground transportation.

\_\_\_\_\_ The amount of materials/equipment precludes use of other ground transportation.

\_\_\_\_\_ No other transportation is reasonably available at the time(s)/location(s) required.

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
*Supervisor of Employee*

**CASH ADVANCE:** Authorized for travelers on official business for an amount not to exceed the estimated out-of-pocket reimbursable expenses when approved by the Superintendent of Schools or designee.

**PRIVATE VEHICLE:** When it is determined that a privately owned vehicle represents the most economical method of travel (considering travel time, cost of transportation, and per diem or subsistence required) the traveler shall be entitled to a reimbursement allowance per mile. Please refer to the Travel Policies and Procedures Manual for allowance amounts.

**MEAL ALLOWANCE:** A meal allowance is granted for employees in out-of-county travel status. Please refer to the Travel Policies and Procedures Manual for allowance amounts and limitations.

**PER DIEM:** A per diem allowance is granted for employees under certain assignment travel conditions. Please refer to the Travel Policies and Procedures Manual for details.

**ORIGINAL RECEIPTS:** All receipts pertaining to a particular expense report must be submitted neatly taped (do not overlap receipts) to an 8-1/2 x 11 sheet of paper, accompanying this form, in order to process your reimbursement.