

# BERWICK AREA SCHOOL DISTRICT

## Authorized Traveling Report

Date: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

REQUIRED

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of trip: \_\_\_\_\_

Destination of Trip: \_\_\_\_\_

Total Miles

Cost Per Mile

Mileage Cost

\_\_\_\_\_

\$.575 effective 1-1-2020

\_\_\_\_\_

### RECEIPTS ARE REQUIRED FOR LODGING, TOLLS, PARKING FEES AND MEALS

Parking Fees: \_\_\_\_\_ = \$ \_\_\_\_\_

Lodging: \_\_\_\_\_ days @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Daily Meal(s)\* \_\_\_\_\_ days = \$ \_\_\_\_\_

\*The maximum reimbursement per day is \$24.00. This includes breakfast, lunch & dinner combined. Requests for meal reimbursements will be paid up to a maximum of \$24.00 a day.

**All requests must include itemized receipts to verify the expenditure amount listed.**

**TOTAL COST:** \_\_\_\_\_ \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**NOTE: Please attach a copy of the approved Staff Trip Request Form.**

(Approved/ Not Approved):

Supervisor's Name

**PLEASE PRINT** \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_