

**Urbana School District #116**  
**2017 Travel Reimbursement Request**  
 (Conferences/Conventions/Workshops/Professional Meeting)

After you have attended a conference, convention, workshop, or professional meeting complete this form for expenses to be reimbursed to you. Break out expenses daily. This form may only be used for travel expenses and receipts must be provided. Please attach receipts to this form and forward to the Business Office. **Per Board resolution, meals and lodging expenses exceeding \$450 per day require Board of Education approval. Actual cost of meals not to exceed \$70.00 per day including tips (limited to 20%).**

Name: Tori Exum Position: Board Member

Conference/ Meeting: IASB Board Training Wkshp Attach Conference/Meeting Agenda

Conference/ Meeting Location: Peoria, IL Dates from: 6/7/19 to: 6/8/19

List of Passengers (if driving): \_\_\_\_\_

Date	6/7/19	Pcard used X	6/8/19	Pcard used X	1/17	Pcard used X	1/17	Pcard Used X
Breakfast		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Lunch		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Dinner		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Lodging/Hotel	263.25	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>Total Meals &amp; Lodging</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Personal Auto-list miles		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
2017 Mileage Rate \$ .535/mile	52.78	<input type="checkbox"/>	52.78	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Cab/Bus/Shuttle/Train		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Car Rental		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Airfare/baggage		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Tolls/Parking (other)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>Daily Totals</b>	\$ 316.03		\$ 52.78		\$		\$	

Signature of Employee Ron Johnson Date: 6/10/19

P-card charges Approved 263.25 Reimbursement Amount Approved 105.56 Total Approved 421.59

Account number 100000 (5629) 2311 3320 00 000000

Approved by: (Supervisor/Supt): \_\_\_\_\_ Date: 6/10/19