



Gentry Public Schools
 201 South Giles Avenue
 Gentry, AR 72734



All travel must have prior approval of the employee's supervisor before the travel is scheduled.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

Employee Name: _____

Campus or Location: _____

Date of trip: _____

Trip to: (List City or Location) _____

Purpose of Travel: _____

No. Miles Traveled Round-Trip @ \$.585 per mile _____ times \$0.585 = \$ _____

Motel/Hotel Cost Per Day [Leave blank if paid by district- Attach Invoice if Paid Personally] \$ _____ times _____ day(s) stayed = \$ _____

Meals - Reimbursed for actual expenses with a \$30 per day maximum [Attach receipts]

Date: _____ Day 1 Total  \$ _____

Date: _____ Day 2 Total  \$ _____

Date: _____ Day 3 Total  \$ _____

Date: _____ Day 4 Total  \$ _____

Date: _____ If more than four days, itemize on back of this form and enter total here  \$ _____

Materials [Attach invoice(s)]  \$ _____

TOTAL EXPENSES:  \$ _____

Employee's Signature _____ Date _____

Code Expense to Fund: [Completed by Supervisor Approving Travel Expenses] _____

Supervisor's Signature's: _____ Date _____