Print Form

EDGEWATER PARK TOWNSHIP BOARD OF EDUCATION
EDGEWATER PARK, NJ

REQUEST FOR TRAVEL EXPENSE REPORT

_____ _____ _____
Employee/Board Member Name Position/Title School/Department

Reason for travel: _____
(A copy of program and/or agenda must be included as back-up material explaining the purpose of this request)

Location of Travel: _____ Departure Date: _____

_____ Return Date: _____

NOTE: A teaching staff member shall submit to the Principal within ten (10) days of incurring the travel expense(s) a brief report that includes the primary purpose for the travel and the key issues that were addressed at the event and their relevance to improving instruction or the operation of the school district.

ESTIMATED TRAVEL EXPENSES:

Type of Transportation: ☐ Vehicle ☐ Airplane ☐ Train ☐ Other (Explain)_____

Mileage (.31 cents/mile)…….Est. # of miles:_____ x .31 = $_____

Parking…….....$_____

Tolls……...$_____

Lodging……..$_____

Meals……..$_____

Other (Explain)_____.....$_____

Sub Total……..$_____

Registration Fees…….$_____

Grand Total……..$_____

NOTE: Per diem payment or reimbursement for lodging and meals will be actual reasonable costs, not to exceed the Federal per diem rates as established in the Federal register for the current year. **Original receipts are required for all travel related expenses.** In any case in which the total per diem reimbursement is greater than the Federal per diem rate, the costs will be considered to be excessive and shall not be paid by school district funds. The federal OMB guidelines for maximum hotel rates and daily reimbursement breakdown for meals and incidentals (M&IE) can be found at www.gsa.gov.

The Board of Education will not ratify or approve payments or reimbursements for travel after completion of the travel event. An employee or organization shall not receive an amount for travel and/or travel-related expenses in advance of the travel pursuant to N.J.S.A. 18A-19-1 et seq.

One-day trips that do not involve overnight lodging are not eligible for a subsistence payment or reimbursement. Overnight travel is eligible for a subsistence payment or reimbursement as authorized in Department of the Treasury guidelines.

Signature of individual requesting authorization:_____ Date:_____

[ ] Approved [ ] Disapproved Principal:_____ Date:_____

[ ] Approved [ ] Disapproved Superintendent:_____ Date:_____

[ ] Approved [ ] Disapproved Business Administrator:_____ Date:_____

[ ] Approved [ ] Disapproved Board of Education Approval/Disapproval Date:_____