Clarksdale Municipal School District

Federal Programs Department

Title Travel Reimbursement

Name Destination Location Title

Reimbursable Expenses	**Meals**	Daily Rate ____ X # of days, including days you leave & return _____		$
		Food tips (***amount of tip must be indicated on each receipt*** - *up to 20%*)		$
		1) ***Itemized*** receipts must be submitted to receive reimbursement. 2) **Alcoholic beverages must be on a *separate* receipt. Otherwise, the meal will not be reimbursed.**		
	Transportation	**County Vehicle Reserved:** ☐ yes ☐ no		
		Personal Vehicle # of miles (round-trip) ____ X $0.58/mile	***Compute mileage from school site to conference/workshop using Google Maps and submit with this form.***	$
		Shuttle and/or Taxi	***This does not include recreational travel (eating out, sightseeing, etc...)***	$
	Miscellaneous	1) Checked luggage (*1 bag/flight*) Standard is $25/bag each way		$
		2) Transportation tips (*shuttle- up to $5/ride, taxi- up to 20% of total fare, valet parking- up to $5/day)*		$
		3) Bellman tips- $1-2/bag is acceptable		$
		4) Hotel internet access		$
		5) Parking (hotel and/or airport)		$

Reimbursable Expenses Subtotal	$
Prearranged Expenses Subtotal (from bottom of page 1)	$
Total Expenses Requested	$

1.) Explain how the focus of this workshop / conference is aligned with your school's or the district's ongoing PD plan.

2.) Explain your plan for sharing information gathered at this conference with your colleagues and provide a proposed date. Follow-up documentation should be submitted to your administrator within 6 weeks of returning from the workshop/conference. Documentation should be filed in your school's black box.

Please **Read** and **Verify** your agreement with your initials.

_____ I understand I will be responsible for any non-refundable travel expenditures paid by CMSD Federal Programs if I do not attend or if I cancel any part of my reservations. Cases of family or medical emergencies are excused with proper documentation.

_____ If I am unable to attend, I understand it is my responsibility to contact the CMSD Federal Programs department as soon as possible PRIOR to the conference.

_____ This activity is not required by federal, state, or local laws.

_____ Participation in this activity was not previously funded by non-federal monies.

Signature of Teacher _____ Date _____ Signature of Principal _____ Date _____

Signature of Federal Programs Director _____ Date _____

Signature of Asst. Superintendent (if applicable) _____ Date _____