



Meals and Mileage Request

Name _____ Request Date _____

Conference Title _____

Conference Location _____

Departure Date _____ Return Date _____

Departure Time _____ Return Time _____

Account Code _____

	Enter Total # of miles in the box below	Rate	Subtotals
Mileage		\$0.545	
	Enter # of meals in the boxes below		
Breakfast		\$14.00	
Lunch		\$16.00	
Dinner		\$24.00	
		Total	

I do hereby request Funds for the travel expense outlined above.
To receive mileage reimbursement, please carpool whenever possible.
Please attach a map to document mileage*.

*A District vehicle should be used in lieu of mileage whenever possible.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Business Office Approval _____ Date _____