

# PRIVATE SCHOOL TRAVEL/TRAINING EXPENSE REIMBURSEMENT REQUEST

*Employee Information Must be completed or form will be returned*

<i>EMPLOYEE NAME</i>	<i>EMPLOYEE EMAIL</i>	<i>PRIVATE SCHOOL</i>
<i>JOB TITLE</i>		
<i>HOME ADDRESS</i>	<i>HOME PHONE NUMBER</i>	<i>WORK PHONE NUMBER</i>

**Please check if the address above is new.**

<b>DEPARTURE</b>	<b>DATE:</b>	<b>TIME:</b>	<b>RETURN</b>	<b>DATE:</b>	<b>TIME:</b>
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TRAVEL/TRAINING EXPENSES – Original receipts & Travel/Training Authorization Form w/ approvals must be attached						
DATE						TOTALS
REGISTRATION FEES						
MATERIALS/BOOKS						
AIRFARE						
BAGGAGE						
CAR RENTAL						
GAS						
MILEAGE						
PARKING						
SHUTTLE/TAXI						
LODGING: HOTEL/MOTEL						
PER DIEM						
OTHER (SPECIFY)						
DAILY TOTALS						

EMPLOYEE CERTIFIES THAT s/he was not on paid leave while traveling/training and that no alcohol purchases is included in this request.								
EMPLOYEE SIGNATURE	DATE	GRANT APPROVAL					DATE	
PRINCIPAL/SUPERVISOR SIGNATURE	DATE	FUND	FUNCTION	ACCOUNT	LOCATION	AREA/CLASS	PROJECT	DEPART.
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PRIVATE SCHOOL AGREES TO REIMBURSE PPS FOR ANY REIMBURSED EXPENSE PAID NOT COVERED BY THE GRANT