

MOUNTAIN BROOK CITY SCHOOLS ADVANCE TRAVEL FORM

Complete all sections highlighted in yellow.

NAME _____ DATE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF TRIP _____ through _____ SCHOOL or DEPARTMENT _____

PURPOSE OF TRIP _____ Attach copy of agenda, name tag, or other official documentation listing date(s) of event

DESTINATION CITY _____ STATE _____

EXPENSES Do not include any expenses paid with school system MasterCard. This form is for personal expenses only.

HOTEL List hotel expense to be paid with your personal credit card or cash. Hotel tax can be reimbursed. A copy of your hotel receipt will be required.
Do not include if hotel will be paid with Mtn Brook Schools MasterCard.

HOTEL \$ -

TRANSPORTATION (PUBLIC TRANSPORTATION) List expense to be paid with your personal credit card or cash. A copy of your receipt will be required to verify personal payment.

TRANSPORTATION \$ -

MILEAGE PERSONAL VEHICLE - miles (one way) \$ 0.560 per mile* x 0 round trip miles MILEAGE \$ -

Attach copy of mileage verification from MapQuest, Google, etc.
Mileage will be paid for the shortest distance, either from your worksite or home.
* Mileage rate 56 cents per mile, effective 1/1/2021 per memo from AL Dept of Finance.

PER DIEM

Date & Time of Departure** _____ Date & Time of Return*** _____

IN STATE **Bkfast 7.00 Lunch 8.00 ***Dinner 15.00 =Total \$30.00
OUT of STATE **Bkfast 7.00 Lunch 8.00 ***Dinner 20.00 =Total \$35.00

Bkfast Leave prior to 6:30 am *Dinner Return after 7:30 pm

| Date | **Bkfast Leave prior to 6:30 am | | | | ***Dinner Return after 7:30 pm | | | | |
|--------------|---------------------------------|------|------|------|--------------------------------|------|------|------|-----------------|
| **Breakfast | | | | | | | | | PER DIEM |
| Lunch | | | | | | | | | |
| ***Dinner | | | | | | | | | |
| Total | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |

TOTAL EXPENSES \$ -

TOTAL ADVANCE AUTHORIZED (80% OF TOTAL) \$ -

EMPLOYEE SIGNATURE _____

EMPLOYEE REQUESTS 80% ADVANCE TRAVEL
YES _____ NO _____

Advance Travel Authorized \$ -

Please do not write below line - for office use only

FUNDING SOURCE _____

Principal/Direct Supervisor _____

Fund Mgr Approval _____

MOUNTAIN BROOK CITY SCHOOLS
TRAVEL RECONCILIATION FORM

Complete all sections highlighted in yellow.

NAME _____ DATE _____

DATE OF TRIP _____ through _____ SCHOOL or DEPARTMENT _____

PURPOSE OF TRIP _____ Attach copy of agenda or official documentation listing date(s) of event

DESTINATION CITY _____ STATE _____

EXPENSES Do not include any expenses paid with school system MasterCard. This form is for personal expenses only.

HOTEL List hotel expense paid with your personal credit card or cash. Hotel tax can be reimbursed. Attach a copy of your hotel receipt. Do not include if hotel was paid with Mtn Brook Schools MasterCard.

HOTEL \$ -

TRANSPORTATION List expense paid with your personal credit card or cash. Attach a copy of your receipt to verify personal payment.

TRANSPORTATION \$ -

MILEAGE PERSONAL VEHICLE - miles (one way) \$ 0.560 per mile x - round trip miles MILEAGE \$ -

Attach copy of mileage verification from MapQuest, Google, etc.
 Mileage will be paid for the shortest distance, either from your worksite or home.
 * Mileage rate 56 cents per mile, effective 1/1/2021 per memo from AL Dept of Finance.

PER DIEM Date & Time of Departure** Date & Time of Return***

Per Diem Rates IN STATE **Bkfst 7.00 Lunch 8.00 ***Dinner 15.00 =Total \$30.00
 OUT OF STATE **Bkfst 7.00 Lunch 8.00 ***Dinner 20.00 =Total \$35.00

Bkfst Leave prior to 6:30 am *Dinner Return after 7:30 pm

| Date | **Bkfst | | Lunch | | ***Dinner | | Total | | PER DIEM |
|--------------|---------|------|-------|------|-----------|------|-------|------|----------|
| **Breakfast | - | - | - | - | - | - | - | - | - |
| Lunch | - | - | - | - | - | - | - | - | - |
| ***Dinner | - | - | - | - | - | - | - | - | - |
| Total | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

OTHER EXPENSES Itemize and attach receipts to verify personal payment. Do not include meal tickets.

| Date | OTHER EXPENSES | | | | | | | |
|--------------|----------------|------|------|------|------|------|------|------|
| | | | | | | | | |
| | | | | | | | | |
| Total | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

TOTAL EXPENSES \$ -

Less Advance Travel Payment

BALANCE DUE \$ -

I CERTIFY THE ABOVE IS CORRECT AND DUE FOR TRAVEL REIMBURSEMENT

EMPLOYEE SIGNATURE _____

Please do not write below line - for office use only

FUNDING SOURCE _____

Principal/Direct Supervisor _____

Fund Mgr Approval _____