

## 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** 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) \$ 0.655 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 655 cents per mile, effective 1/1/2023

**PER DIEM** Please visit the U.S. General Services Administration Website: <https://www.gsa.gov/travel/plan-book/per-diem-rates> [Click Here to View](#)  
Select the city and state you are traveling to and input the Meals & Incidentals (M&IE) amount for each day of your travel.  
\*First and last day travel rates apply

Destination of Travel \_\_\_\_\_ County \_\_\_\_\_

Dates	PER DIEM
M&IE	
Total	\$ -

TOTAL EXPENSES \$ -  
Total Expenses of \$625 or more qualify for Advance Travel  
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) \$ 0.655 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 655 cents per mile, effective 1/1/2023

**PER DIEM** Please visit the U.S. General Services Administration Website: <https://www.gsa.gov/travel/plan-book/per-diem-rates> Click Here to View  
 Select the city and state you are traveling to and input the Meals & Incidentals (M&IE) amount for each day of your travel.

\*First and last day travel rates apply

Destination of Travel \_\_\_\_\_ County \_\_\_\_\_

Dates	M&IE	PER DIEM
<b>Total</b>	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ -

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

Date	OTHER EXPENSES
<b>Total</b>	\$ - \$ - \$ - \$ - \$ - \$ - \$ -

TOTAL EXPENSES \$ -

Less Advance Travel Payment

I CERTIFY THE ABOVE IS CORRECT AND DUE FOR TRAVEL REIMBURSEMENT

EMPLOYEE SIGNATURE \_\_\_\_\_

**BALANCE DUE \$ -**

Please do not write below line - for office use only

FUNDING SOURCE \_\_\_\_\_

Principal/Direct Supervisor \_\_\_\_\_

Fund Mgr Approval \_\_\_\_\_