

2019-2020  
**Doss Consolidated Common School District**  
Employee/Key Official Travel Request

Employee/Official Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Budget Code: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date/Dates: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ am/pm    Time of Return: \_\_\_\_\_ am/pm

**Meal Reimbursements:** To qualify for meals, claimant must depart by 6:00 a.m. for breakfast, 10:00 a.m. for lunch, and return no earlier than 8:00 p.m. for dinner.

\_\_\_\_\_ Breakfast @ \$14.00 \$ \_\_\_\_\_

\_\_\_\_\_ Lunch @ \$16.00 \$ \_\_\_\_\_

\_\_\_\_\_ Dinner @ \$25.00 \$ \_\_\_\_\_

Mileage Reimbursement:

\_\_\_\_\_ miles at 58 cents per mile \$ \_\_\_\_\_

Total Reimbursement Claim \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Administrative Consultant/Date

NOTE:          
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2019-2020  
**Doss Consolidated Common School District**  
Student/Employee Non-Overnight Travel Request

Extracurricular Activity/Event: \_\_\_\_\_

Budget Code: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

\_\_\_\_\_

Date/Dates: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ am/pm    Time of Return: \_\_\_\_\_ am/pm

**Meal Reimbursements:** To qualify for meals, claimant must depart by 6:00 a.m. for breakfast, 10:00 a.m. for lunch, and return no earlier than 8:00 p.m. for dinner.

\_\_\_\_\_ Breakfast @ \$10.00 \$ \_\_\_\_\_

\_\_\_\_\_ Lunch @ \$12.00 \$ \_\_\_\_\_

\_\_\_\_\_ Dinner @ \$14.00 \$ \_\_\_\_\_

Meal Reimbursement Claim \$ \_\_\_\_\_

Claim \_\_\_\_\_ X No. Students \_\_\_\_\_ = \$ \_\_\_\_\_

\*\*\*Attach an itinerary and/or list of sponsors and students attending event.\*\*\*

\_\_\_\_\_  
Sponsor Signature/Date

\_\_\_\_\_  
Administrative Consultant/Date

NOTE:          
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