

**ONEIDA SPECIAL SCHOOL DISTRICT  
Statement of Travel & Reimbursement Request**

**MILEAGE**

Date	Meeting Attended	Round-trip Mileage	Total
# of miles multiplied by .45¢		Total Miles	
		Amount to be Reimbursed	\$

**MEAL STIPEND CALCULATION**

- If you travel the night before your meeting ..... + \$25.00 = \$\_\_\_\_\_
- Number of full days at meeting \_\_\_\_\_ x \$41.00 = \$\_\_\_\_\_
- Day you return home (if before 6:00 pm; if after – count as full day ^) + \$25.00 = \$\_\_\_\_\_

*Example: You have a meeting in Nashville and you travel the night before the meeting (+\$20). The meeting lasts two full days and you return home at the end of the second meeting day. You arrive after 6:00pm (+\$82) = \$102 total meal stipend.*

**HOTEL ACCOMMODATIONS**

Date	Location	Amount
Must have receipts!		TOTAL

**MISCELLANEOUS EXPENSES**

Date	Parking fees, registration, hotel charges, etc	Amount
Must have receipts!		TOTAL

**Totals:**      Mileage \$ \_\_\_\_\_                      Meals \$ \_\_\_\_\_  
                     Room Accommodations \$ \_\_\_\_\_      Miscellaneous \$ \_\_\_\_\_

**Total Amount Due Employee:**   \$ \_\_\_\_\_  

**Please attach receipts**

I hereby certify the above to be a correct statement of my official mileage for the month covered by this report.

Employee's Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Approval