STATEMENT OF TRAVEL EXPENSES

Employees must submit this form and all receipts within 30 working days after return from travel in order to be reimbursed. Please attach receipts to separate sheets of paper. This claim will include all actual out-of-pocket expenses.

NAME: _________________________________ EMPLOYEE ID # _________________________________

ADDRESS: _________________________________ PHONE #: _________________________________

UNIT: __________________________ BUDGET CLASSIFICATION: ______________________________

ACTIVITY: ______________________________

LOCATION OF ACTIVITY (City, State): ______________________________

DATES OF ACTIVITY (Inclusive): ________________ NUMBER OF DAYS: ________________

Airfare ........................................................................................................ $ __________
Automobile (No. of Miles) .................................... x $.575 (IRS Rate) $ __________
Bus Fare ....................................................................................................... $ __________
Rail Fare ..................................................................................................... $ __________
Cab Fare ..................................................................................................... $ __________
Other (specify) ................................................................................................ $ __________
Hotel/Motel ................................................................................................. $ __________
Meals ........................................................................................................... $ __________
Registration Fee ........................................................................................ $ __________
Miscellaneous Expenses (specify) ............................................................ $ __________

TOTAL ........................................................................................................ $ __________

RULES
1. Automobile mileage reimbursement is authorized between the following locations:
   a. Home or Chicago Public Schools work site and commercial transportation terminal.
   b. Commercial transportation terminal and lodging or conference site.
   c. Conference site and lodging (if separate).
2. Commercial transportation reimbursement is authorized for coach fare; receipt must be attached.
3. Lodging reimbursement is authorized for standard single room rate only, unless government, corporate or conference discounted rate is available and less than the standard single room rate.
4. The daily meal rate of reimbursement is authorized at $20 for between 4 and 8 hours of conference time and $35/day for multi-day travel plus up to 15% gratuity.

Signed: _________________________________ Date: _________________________________

Approved: _________________________________ Date: _________________________________

Data must be entered through iExpense by the school / unit. For expenditures of $500 or more, please retain a copy of this completed form and all receipts and send the originals to Debra Macklin in Procurement and Contracts on the 10th Floor for final approval and reimbursement. The DR number should be included on this form.

Revised 1/22/2015