

Western Statewide CTE Consortium Reimbursement Authorization Form

**All receipts are required, except for meals & mileage, which are paid at the per diem rate*

Name(s): _____ District: _____

This reimbursement request is for the following (please check all that apply):

- Registration Fees
- Travel Expenses (including lodging, meals, mileage, airfare, etc.)
- Subscriptions, Licenses, Certifications, other

Please complete the sections below, according to what you selected above.

Registration Fees

Name of Conference/Event: _____

Date(s) of Conference/Event: _____

Total Cost: _____

Travel Expenses

Departure Date & Time: _____

Return Date & Time: _____

Mode of Transportation:

Vehicle Use – Total Mileage (Round Trip): _____ @ \$0.67/mile

Total Cost: _____

Airline Flight – Ticket Cost: \$ _____ Checked Baggage Fees: \$ _____

Total Cost: _____

Other modes of transportation (select all that apply):

Total Cost: _____

Parking

Rideshare (Uber, Lyft)

Taxi

Shuttle

Car Rental

Lodging: Rate Per Night: \$ _____

of Nights: _____

Total Cost: _____

Meals: **NOTE – Do not include meals provided at the event.*

Total Cost: _____

Breakfasts (\$6 in-state; \$10 out-of-state) _____ x \$ _____ = \$ _____

Lunches (\$14 in-state; \$18 out-of-state) _____ x \$ _____ = \$ _____

Dinners (\$20 in-state; \$28 out-of-state) _____ x \$ _____ = \$ _____

Subscriptions, Licenses, Certifications, other

Total Cost: _____

Please provide a brief description of the company that was paid, what services/items were paid for, and include an invoice or receipt. _____

Grand Total of Reimbursement: _____

Acknowledgement: I hereby certify that the above expenses were actually incurred in the performance of my duties as an employee of the above named participating Western Statewide CTE Consortium school district, and I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, it in all things is true and correct.

Signature & Title

Date