

## 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): \_\_\_\_\_ @ \$0.70/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