

**ABERDEEN SCHOOL DISTRICT
TRAVEL EXPENSE CLAIM FORM**

Employee Name:

Travel Dates:

Purpose of Travel:

Approved by:
(Building Principal)

Budget:

Date Check Needed:

TRANSPORTATION - PLEASE ATTACH RECEIPTS

	# Miles	\$\$ Amt	Totals	
Mileage @ 30 ¢ / Mile				
Airfare				
Taxis / Auto Rental				
Gas				
Other (Please identify)				
Tot Transportation Expense				

LODGING

Most Vendors will no longer take purchasè orders. Please try to set up as a direct billing with the Vendor. If they will not do this, you may use the school credit card to make your reservations. You will need to obtain the exact billing amount and we will provide you with a check to pay these charges. You may also elect to prepay this expense and we will reimburse you.

Use this section only if you did not arrange for direct billing. PLEASE ATTACH RECEIPTS.

Name of Hotel(s)	# Nights	\$/Night	Totals	
Total Lodging Expense				

MEALS

	# Meals	\$\$ Amount	Totals	
Breakfast - \$7.50				
Lunch - \$10.00				
Dinner - \$15.00				
Total Meal Expense				

REGISTRATION FEES - PLEASE ATTACH RECEIPTS

To be reimbursed only if you have prepaid the expense, otherwise please use purchase order

Organization	Amount Paid	Totals	
Total Reg Fees to be Reimb:			

MISCELLANEOUS REIMBURSABLE EXPENSES (PLEASE EXPLAIN BELOW and ATTACH RECEIPT(S))

Item to be reimbursed	Where Purchase	Date Purchased	Totals	
1.				
2.				
3.				
Total Misc Expenses Reimb:				

TOTAL AMOUNT REQUESTED BY EMPLOYEE:

**ABERDEEN SCHOOL DISTRICT NO. 58
REQUEST FOR USE OF YELLOW SCHOOL BUS**

Form to be completed by Teacher/Coach requesting school bus. This request **WILL** be on the Transportation Director's desk **FIVE DAYS** prior to trip date.

Date of Request: _____

Date of Departure: _____

Time: _____

Date of Return: _____

Time: _____

Destination: _____

Activity: _____

Number to be transported: _____ (no more than 65). For most trips outside the district, our bus capacity should be considered 44-passenger (2 per seat). Please request another bus if more students will be riding.

Person requesting bus and responsible for group: _____

Principal Approval: _____

READ, SIGN AND ENFORCE

I hereby agree that I will be in complete charge of this bus, am familiar with the school policy on activity transportation (#720) and am responsible for administration and enforcement of the following rules:

- 1) I have a complete roster of all riders and a copy is on file with the Building Principal and Transportation Director.
- 2) All passengers must enter and depart from the front door of the bus.
- 3) All passengers must remain in their seats while the bus is in motion.
- 4) I will be responsible for the enforcement of all safety rules and bus driver requests.
- 5) I will be responsible for returning the bus in a **CLEAN** and **TRASH-FREE** condition and recognize that should the bus need cleaning upon return, my organization/club will be charged for clean-up (Policy 720).

Teacher or chaperone riding the bus: _____

Signature

TRANSPORTATION DEPARTMENT

Was 5 days notice given [yes/no]: _____

Driver Assigned for trip: _____

Time	Time	Total	Begin	End
Out _____	In _____	Hours _____	Mileage _____	Mileage _____

Pay Hours: _____

Were the rules enforced by the teacher or chaperone [yes/no]: _____

Special Instructions or remarks concerning this trip: _____

Bus Driver's Signature: _____

Allowable : _____ Non-Allowable: _____ Costs: _____

Aberdeen School District No. 58
DISTRICT VEHICLE TRAVEL REQUEST

Please Note:

- Students may not drive unless the activity is Driver Education
- The car must be left clean
- The mileage log must be completed
- If a credit card is used, please return the card **AND THE RECEIPT(S)** with the keys
- Return car to bus barn. If gate is locked, park car beside fence. Do not block gate.

The Transportation Supervisor will assign the vehicle best suited to your needs.

Date of Request: _____

Purpose of Trip: _____

Destination: _____

Person Requesting Vehicle: _____

Numbers of Persons in Group: _____

Departure Date: _____ Time: _____

Returning Date: _____ Time: _____

Billing Budget: _____

(If this is NOT filled in the District Office will bill at their discretion)

Principal Approval: _____

Superintendent Approval: _____ (if needed)

This portion to be filled out by transportation director:

Beginning Mileage: _____

Ending Mileage: _____

Total Miles: _____ @ 35 cents = \$ _____

TSF Fund: 100-419300 \$.08/mile \$ _____

Gas/Oil Fund: 100-683481-501 \$.27/mile \$ _____

(GoldenRod)