## **EXPENSE REIMBURSEMENT FORM**

## **Dallas School District No. 2**

Dallas, OR

## Instructions:

1. Per diem rates are paid at the rates listed below, please put an "x" in the box for each day of travel.

- PLEASE DO NOT SEND MEAL RECEIPTS with this form (However, your supervisor may ask to review them and/or retain the original copy if the reimbursement will be paid using federal grant funds.)
- Original receipts must be submitted for reimbursement of all other expenses (Ex. Taxi, parking, etc.)
  Please list the event/destination and purpose, including starting point. (Ex "District Office to WESD, Salem")
- 4. All claim vouchers must be signed by claimant and their supervisor.

5. Checks are processed on Thursdays, to receive payment by the following Friday, claim voucher must be received in Accounts Payable by Wednesday at 4:00 PM.

				for overnight travel only, includes gratuity				
Date	Destinations/It	em	No. of Miles	First Day \$44	Full Day \$59	Last Day \$44	Other travel or supplies	Tuition/ Regist
	Diagon list approved dia	trict contract PD reimburse	monto holow	Attach signed	opproval			
	Please list approved dis	Sinct contract PD feimburse	ements below.	Allach signed	approvai.			
ENT	ER DOLLAR VALUE of earned miles, po	<mark>bints or cash back on per</mark> Total Miles	r <mark>sonal paymer</mark> 0.00	nt method tha	t includes rewa	ards	\$ -	
		Total Miles X Mileage						
expenses for use by the Dallas School District.		65.5¢ per mile						
		Sub Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			Amount Claimed net of rewards			\$0.00		
Claimant's F	Printed Name							
Address (St	reet, City, State, Zip			PO Numbe	er/Budget Co	ode		
Claimant's Signature				Date				
Supervisor Signature				Approval [	Date			
		This box for Bus	iness Office	Use Only				
PD Tuition/Registration Total \$ - 100 2649 913 000 -242							-242	
	Business Office Approval					Date		

## PROOF OF INSURANCE FOR PRIVATE VEHICLE

Name		
Trip/Activity		
Insurance Carrier		
Policy #	ODL #	

- I fully understand the Dallas School District does not provide coverage for any physical damage to my vehicle or liability coverage for my actions as a driver while transporting students to this field trip/activity.
- I presently have automobile insurance that meets or exceeds minimum requirements as established by Oregon Law. I will notify the school if my coverage changes.
- I presently carry a valid license for driving a motor vehicle.
- My vehicle contains an adequate number of seat restraints, including, when applicable, a child safety system for a child who weighs less than 40 pounds, regardless of age; and the adult driver requires use of seat restraints by all passengers.
- My vehicle is designed to seat no more than 9 passengers.

Signature of Insured Driver

Date