

DCTS Travel Reimbursement Form for Conferences

Name _____ Approval: _____

Budget Code _____

Amount Requested _____

Conference _____

Location _____

Transportation	<u>Amount</u>
Air (attach passenger coupon)	_____
Rental Car (attach rental invoice)	_____
Gas for Rental Car (attach receipts)	_____
Taxi/Bus/Tips (attach receipt over \$5.00)	_____
Parking (attach receipt over \$5.00)	_____
Private Car (mileage allowed \$.375 per mile)	
Date: _____ From: _____ To: _____	
Date: _____ From: _____ To: _____	

Per Diem (including tips)	<u>Date</u>	<u>Amount</u>
Travel reimbursement will be made per bargaining unit contract. Traveler gets \$35/day. No receipts required. Agenda for conference required. Meals included in registration will be deducted.	_____	_____
	_____	_____
	_____	_____
	_____	_____
For Partial Days:	_____	_____
Breakfast 7.00	_____	_____
Lunch 10.50	_____	_____
Dinner 17.50	_____	_____

Hotel	<u>Amount</u>
List total amount to be reimbursed and provide complete copy of hotel invoice. (Room charges and taxes only).	_____

Phone Calls	<u>Amount</u>
Charges must be reasonable and related to the purpose of travel. Attach receipt (not necessary if on hotel bill).	_____

