De Smet School District 38-2
Business Office
PO Box 157 De Smet, SD 57231
(P) 605-854-3674
DeSmet.k12.sd.us

MEAL/TRAVEL EXPENSE REQUEST

Traveler's Name: _____

Address: _____ City/State/Zip: _____

DATE	TIME DEPARTED	TIME RETURNED	PURPOSE	TRAVEL DESTINATION	MILEAGE		MEALS			TOTAL
					ROUNDTRIP MILES	MILEAGE STIPEND	BREAKFAST	LUNCH	DINNER	
									TOTAL REIMBURSEMENT REQUEST =	

MILEAGE REIMBURSEMENT RATE: $0.70/mile for private vehicles

MEAL REIMBURSEMENT RATES:

- Breakfast $6.00 (must leave before 5:31am/return after 7:59am)
- Lunch $14.00 (must leave before 11:31am/return after 12:59pm)
- Dinner $20.00 (must leave before 5:31pm/return after 7:59pm)

Note: Meal reimbursements will be paid only for travel involving an overnight stay. No receipts needed. Reimbursements will be processed through payroll.

TRAVELER'S CERTIFICATION: I certify that the mileage listed and expenses incurred were for school business in accordance with Board of Education travel policies (Policy DLC).

Signature of Traveler: _____

Signature of Administrator: _____

Budget Code: _____