



# Meals and Mileage Request

Name \_\_\_\_\_ Request Date \_\_\_\_\_

Conference Title \_\_\_\_\_

Conference Location \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Account Code \_\_\_\_\_

	Enter Total # of miles in the box below	Rate	Subtotals
<b>Mileage</b>		<b>\$0.70</b>	
	Enter # of meals in the boxes below		
<b>Breakfast</b>		<b>\$14.00</b>	
<b>Lunch</b>		<b>\$16.00</b>	
<b>Dinner</b>		<b>\$24.00</b>	
		<b>Total</b>	

I do hereby request Funds for the travel expense outlined above.  
 To receive mileage reimbursement, please carpool whenever possible.  
 Please attach a map to document mileage\*.

\*A District vehicle should be used in lieu of mileage whenever possible.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Office Approval \_\_\_\_\_ Date \_\_\_\_\_