

Oak Ridge Schools

Office of the Superintendent



Administrative Procedure 2.804.3

Travel Reimbursement Request

Travel Reimbursement Request - Administrative Procedure

The Travel Reimbursement Request (TRR) is shown below. This is an example only and should not be used. Please download and use the fillable version to allow for electronic signatures and the most recent per diem & IRS mileage rates. **The fillable version is available on the Oak Ridge School website under Business Services Resources.** A TRR should be completed within 30 days of return from authorized travel.



Make sure the "Highlight Existing Fields" button is selected. Note: The fields with red borders are required

Reset Form

Oak Ridge Schools Travel Reimbursement Request

Traveler Delivery Location

Mailing address:

only if "Mail to Home" selected Street address City State Zip Code

Conference/Meeting Name

Departure Date Return date

Please submit within 10 days of completed trip. You must attach receipts for all items except meals. Meals will be reimbursed at per diem rates. Complete this form for all personal expenses associated with the travel. A TAR and conference/meeting agenda must be attached to this form.

For per diem rates for your specific destination go to the GSA per diem website. www.gsa.gov/perdiem For TN locations see next page.

Date	Maximum GSA Daily Per Diem	Breakfast	Lunch	Dinner	Incidentals	Daily Total
Departure Day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 0.00
Full Day 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 0.00
Full Day 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 0.00
Full Day 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 0.00
Full Day 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 0.00
Full Day 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 0.00
Return Day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 0.00
Personal vehicle mileage (round trip) <input type="text"/>						Total Reimbursable M&IE
Other Personal Vehicle Mileage <input type="text"/>						
<small>(enter zero if no additional miles)</small>						
Total Personal Vehicle Mileage <input type="text"/> 0.00						Total Personal Vehicle Mileage x GSA Mileage Rate of \$0.67 <input type="text"/> \$ 0.00
Other (i.e. Gas (for Rental/District Vehicle), Parking, Bag Fees) Please specify <input type="text"/>						
Other Transportation(i.e. Taxi, Shuttle, Metro) Please Specify <input type="text"/>						

Hotel Rental Vehicle

Airfare Conference Registration

Expenses in this area are normally paid with a district credit card. Enter expenses ONLY if paid by the employee. Receipts are required.

PO Number

Total Reimbursement due to employee \$ 0.00

Note: Estimate payment within 2 weeks of receipt in the Business Office

Verified by:

I certify that the information and expenses provided on this statement are accurate and I have submitted all documentation needed to validate expenses.

Traveler Signature Date

Additional Remarks / Updated Account Information

Note: Please click in signature box to create/insert digital signature. Save as pdf and forward to admin assistant/bookkeeper/grant coordinator.

FOR BUSINESS OFFICE USE ONLY

INVOICE AUDITED BY APPROVAL BY

Revision Date 01/02//2024