

Pryor School District MILEAGE and MEAL PER DIEM Request Form 2023-2024

Fill in all applicable areas. Do not type any dollar (\$) signs. Mileage will be for the shortest route.
 An Explanation must be typed in the "statement of official business" area with the anme of the event you are attending and why.
 Meal reimbursement will not exceed \$10 for breakfast, \$20 for lunch, \$25 for dinner or \$55 for a day in state.
 Meal Reimbursements will not exceed \$15 for breakfast, \$35 for lunch, \$40 for dinner for \$90 for a day out- of state.
 All receipts are attached, and submitted to Business manager upon return for reimbursement.

Today's Date:			
Employees Name:			
Street Address:			City, State, Zip

IN-STATE TRAVEL

Date of Event	Round Trip Mileage	
	From :	To:
Location of Event	Total Driving Miles: <input style="width:50px;" type="text"/>	
	x 0.625 (mileage rate)	
	Mileage Amount Requested: <input style="width:50px;" type="text"/>	
Statement of Official Business	Meals	
	# of Breakfasts:	x \$10= <input style="width:50px;" type="text"/>
	# of Lunches:	x \$20 = <input style="width:50px;" type="text"/>
	# of Dinners :	x \$25 = <input style="width:50px;" type="text"/>
Justification for personal use vehicle use	Other Expenses (please list)	
	Taxi, Uber or Shuttle fare	
	<input style="width:50px;" type="text"/>	
	Other Expense Total <input style="width:50px;" type="text"/>	
	TOTAL REQUESTED FOR IN STATE TRAVEL	

OUT OF STATE TRAVEL (FEDERAL RATES)

Date of Event	Round Trip Mileage	
	From :	To:
Location of Event	Total Driving Miles: <input style="width:50px;" type="text"/>	
	x 0.625 (mileage rate)	
	Mileage Amount Requested: <input style="width:50px;" type="text"/>	
Statement of Official Business	Meals	
	# of Breakfasts:	x \$15= <input style="width:50px;" type="text"/>
	# of Lunches:	x \$35 = <input style="width:50px;" type="text"/>
	# of Dinners :	x \$40 = <input style="width:50px;" type="text"/>
Justification for personal use vehicle use	Other Expenses (please list)	
	Taxi, Uber or Shuttle fare	
	<input style="width:50px;" type="text"/>	
	Other Expense Total <input style="width:50px;" type="text"/>	
	TOTAL REQUESTED FOR OUT OF STATE TRAVEL	

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Principal:			Superintendent:
Date:			Date:
ACCOUNT CODE:			
<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> ATHLETICS		
<input type="checkbox"/> ELEMENTARY	<input type="checkbox"/> CLASSROOM		
<input type="checkbox"/> DISTRICT			
TOTAL AMOUNT DISTRIBUTED	\$		