

1. *To be submitted two weeks before date of event
 *Submit Absentee Form for approval at the same time
Approval for District Financed Activity



Name: _____ Date: _____

Position/School or Dept: _____

Beginning Date & Time of Event: _____

Ending Date & Time of Event: _____

Activity Location/Address: _____

Sponsor(s)/Event Title: _____

Purpose of Attending: _____

Expense Account (if applicable): ____ - ____ - 332 - ____ - ____

> Apply signatures below, as needed

Requestor: _____ Date: _____

Supervisor: _____ Date: _____

Program Director: _____ Date: _____

(Curriculum, Title I, IDEA, CTE, etc.)

**Superintendent: _____ Date: _____

(**Needed for ALL OVERNIGHT TRAVEL ONLY)

*Upon returning from the event, send the approved Absentee Form and **a copy of this** approved District Financed Activity Form to the Business Office for processing.

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2. *To be approved after returning from event
 *Attach event agenda/documentation with this form
 *Submit with approved District Financed Activity (attached to left)
Travel/Conference Expense Reimbursement



The following time and rate restrictions apply for meal reimbursement:

| <u>Meal</u> | <u>Depart Before</u> | <u>Return After</u> | <u>In-State</u> | <u>Out-of-State</u> |
|---------------------------------|----------------------|---------------------|-----------------|---------------------|
| Breakfast | 6:30 AM | 11:00 AM | \$6.00 | \$7.00 |
| Lunch | 11:00 AM | 1:30 PM | \$7.00 | \$9.00 |
| Dinner | 5:15 PM | 8:30 PM | \$12.00 | \$16.00 |
| Daily Maximum Allowance: | | | \$25.00 | \$32.00 |

Name: _____ School/Dept: _____

City/State of Event: _____

Departed CCSD: Date: _____ Returned to CCSD: Date: _____

Time: _____ Time: _____

| | |
|--|--|
| 1. Breakfast (per chart above) | |
| 2. Lunch (per chart above) | |
| 3. Dinner (per chart above) | |
| 4. Lodging (Receipt Required) | |
| 5. Tips | |
| 6. Registration (Receipt Required) | |
| 7. Cab, airfare, Uber, etc. (Receipt Required) | |
| 8. Mileage: _____ miles X \$0.56 per mile | |
| Total: | |

Expense Account: ____ - ____ - 332 - ____ - ____

> Apply signatures below, as needed

Requestor: _____ Date: _____

Supervisor: _____ Date: _____

Program Director: _____ Date: _____

* Non-Overnight travel expenses, excluding mileage, will be paid through payroll and taxed as required by IRS code

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