

Travel Reimbursement - DSP Institute

ATTN: Veda Overton-Houston

**All Requests for Travel Reimbursement Must Be Submitted No Later Than
 DECEMBER 1, 2023**

Name: _____ Date: _____

Address to mail check: _____

Date(s) of Trip: October 26 - 29, 2023 Purpose: The Institute on Teaching & Mentoring

City & State, or Site Name and Location: Tampa Marriott Water Street, Tampa, FL

Transportation: Specify points of departure and arrival, and means of transportation.

Departure City: _____ Arrival City: Tampa, FL

Means of Transportation: _____

					Reimburse
Actual Miles:		<u>@ 51 Cents Per Mile</u>			
Automobile Rental:					
Luggage/Parking/Other: Indicate expenditures for each day in categories below.					
Date	Baggage Fee	Parking	Other		
				=	
				=	
				=	
				=	
				=	
				=	
				=	
Total					

Explanation of OTHER items: _____

**NOTE: All expenditures must be supported by detailed dated RECEIPTS
 and emailed with this form.**

Personal Signature: _____
 E-signature or Typed

For SREB Use Only

Approved for Payment: _____
 Supervisor _____ Project to be Charged: CFDINST
 Director _____

For Office Use Only

FUND	GRANT YR	GL	DEPT	ACTIVITY	STATES	SCHOOL	STUDENT	CONF&WKSHP	DR

Document No: _____ Session ID: _____