

Southern Regional Education Board  
 592 10th Street, N.W. • Atlanta, GA 30318-5776  
 Phone: (404) 875-9211 • Fax: (404) 872-1477

**Travel Reimbursement - Non-SREB Staff**

*Claims for payment of expenses incurred on official business of SREB. Please submit as soon as possible. Explain or deduct expenses of personal nature.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address to which check should be sent:** \_\_\_\_\_

**Date(s) of Trip:** \_\_\_\_\_ **Purpose:** \_\_\_\_\_

**City & State, or Site Name and Location:** \_\_\_\_\_

**Transportation:** Specify points of departure and arrival, and means of transportation. Please use tourist air accommodations when available. Attach original flight coupon, not photocopy as receipt. Travel by privately owned automobile will be reimbursed at 48.5¢ per mile, not to exceed the cost of coach air fare. Use of rental car permissible only under prior arrangements with SREB staff. Travel insurance is not allowable.

**Departure City:** \_\_\_\_\_ **Arrival City:** \_\_\_\_\_

**Means of Transportation:** \_\_\_\_\_ **To Be Reimbursed:** \_\_\_\_\_ **Prepaid by SREB:** \_\_\_\_\_

**Actual Miles:** \_\_\_\_\_ @ 48.5 Cents Per Mile

**Airfare, Including Booking Fee** (Attach Coupon / Itinerary) \_\_\_\_\_

**Lodging:** Attach original receipts excluding personal charges: \_\_\_\_\_

**Automobile Rental:** Attach original receipt. \_\_\_\_\_

**Other Travel Costs:** Indicate expenditures for each day in categories below.

Date	Meals: Not on hotel bill (including waiters' tips)	Taxis, Limousines & Parking	Other			
	\$	\$	\$	=	_____	_____
	\$	\$	\$	=	_____	_____
	\$	\$	\$	=	_____	_____
	\$	\$	\$	=	_____	_____
	\$	\$	\$	=	_____	_____

**Negotiated Consultant Fee:** \_\_\_\_\_

**Explanation of other items:** \_\_\_\_\_

**NOTE: All expenditures must be supported by original receipts and attached to this form.**

**Total** \_\_\_\_\_

**Total Reimbursement** \_\_\_\_\_

**Personal Signature:** \_\_\_\_\_

**For SREB Use Only**

**Approved for Payment:**

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Director

**Project to be Charged:** \_\_\_\_\_

**For Office Use Only**

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

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