

## Mileage & Travel Reimbursement Request Form

FIRST AND LAST NAME: \_\_\_\_\_

SCHOOL/DEPARTMENT: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

	TOTAL
TRANSPORTATION (Taxi, Bus, must have receipts): _____	
AIRPORT PARKING (must have receipts): _____	
TOLLS (must have receipts): _____	
MILEAGE (at \$0.545 per mile): _____	
FLIGHTS (must have receipts): _____	
HOTELS (must have receipts): _____	
CONFERENCE (must have receipts): _____	

**MEALS:**

DATE:								TOTAL
BREAKFAST								\$ -
LUNCH								\$ -
DINNER								\$ -
Total per Day	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

TOTAL MEALS: \$           -

***Meals must not exceed \$50.00 per day.***

***Itemized receipts for meals (not just credit card swipes) must be attached.***

***Bar tabs are not reimbursable.***

***Taxes are only reimbursable for services outside of the State of Maine.***

***Tips are only reimbursable up to 20% of the bill not including taxes for services outside the State of Maine.***

TOTAL EXPENSES: \$           -

**Please submit this form and all original receipts within 30 days of return.**

**A Check Request Form approved by your Supervisor/Building Administrator must be attached to this form.**

Signature: \_\_\_\_\_