

TRAVEL EXPENSES: (Include **ALL ORIGINAL DETAILED RECEIPTS** for expenses paid)

Are the expenses incurred from attending a conference? Y N

If yes, conference name: _____ Date(s): _____

A copy of **CERTIFICATE OF ATTENDANCE** must be attached.

Hotel	
Name of Hotel:	
Cost of room (plus tax):	\$

Transportation	
Airfare: Name of Airline -	
Cost of round trip:	\$
Car Rental: Name of Rental Company -	
Total Cost:	\$
Shuttle, taxi, etc.	\$

Food *(see Standard Meal Allowance table on page 2)	\$
Other (please describe) - Any additional requests should have prior Superintendent approval	\$
TOTAL of Travel Expenses	\$

GRAND TOTAL (Mileage Reimbursement + Travel Expenses)	\$
FUNDING SOURCE: (Office Use Only)	

VT Standard Meal Allowance* – Detailed receipts must accompany reimbursement				
Breakfast	Lunch	Dinner	Incidental Expenses	TOTAL DAILY ALLOWANCE
\$11	\$16	\$34	\$5	\$66

U.S. General Services Administrations (GSA) – 2015 rates (www.gsa.gov)

*Any employee traveling outside of VT may request a revised daily allowance through the Superintendent.