

## COLUMBUS CITY SCHOOLS PROFESSIONAL LEAVE CLAIM FOR TRAVEL EXPENSE REIMBURSEMENT

**Within 30 days of your return, please submit this signed form, along with your receipts and copy of Purchase Order, to: Accounts Payable, 270 E. State Street, Columbus, OH 43215.**

### Employee and Conference Information

Your P.O. #		Employee Vendor #		Approval #	
Name				Your ID #	
Worksite (indicate building)					
Full Conference Name					
Conference Location (City/State)					
Actual Travel Dates				<--(Must correspond with dates	
Dates Absent from Work				<--approved by Committee)	

### Expenses Paid in Advance By Columbus City Schools

	List Costs Below
Airfare (Air itinerary must be attached.)	
Lodging Expenses (list dates of stay)	Roommate Name (if applicable)
Registration (Proof of Attendance must reflect dates/location and purpose, as stated on request form.)	
Misc. Paid or Reimbursed in Advance (please list)	
Total Expenses Paid in Advance by Columbus City Schools [2]	

### Expenses Paid by Employee (Itemized receipts required, except for meals.)

	List Costs Below
Airfare/Baggage (attach paid baggage receipt - limit one bag each way)	
Lodging Expenses (list dates of stay)	Roommate Name (if applicable)
Registration (attach receipt showing method of payment)	
Personal Automobile Mileage (# of miles round trip x IRS current rate)	
Rental Car (if pre-approved) Maximum \$80/day - insurance not reimbursed	
Per Diem (meals, etc.) # of nights at \$65.00 per night*	
<i>*See Employee Travel Reimbursement Guidelines regarding meals provided as part of the conference.</i>	
Incidentals (airport shuttle/taxi, conference shuttle/taxi, airport parking)	
<b>Note: Itemized receipts required. Taxi receipts must be dated and show pickup and destination.</b>	
Total Expenses Paid Out of Pocket by Employee [3]	

### Settlement

	List Costs Below
a. Maximum Reimbursement Approved by Committee (attach documentation)	
b. Less Costs Paid in Advance by Columbus City Schools - see [2] above	
c. Maximum Reimbursement of Employee (item a minus item b)	
d. Total Expenses Paid by CCS Employee - see [3] above	
Amount Owed to Employee, if Applicable (lesser of item c or d above)	

**Employee's Signature**

**Date**

**By signing, I certify I attended the event listed above at the location shown, on the date(s) provided, and for the purpose(s) stated. Out of pocket expenses are accurate and in accordance with the Employee Travel Reimbursement Guidelines. My claim for per diem was adjusted for meals provided by the conference.**