



Federal Programs Non-Public/Private Schools TRAVEL REIMBURSEMENT FORM

Today's Date _____ School _____

Please select the funds that will be used: Title I Title II Title III Title IV

Employee Information *(please print legibly)*

Name _____
(Name as government-issued ID)

Position/Title _____ BCS Employee ID# _____

Mailing Address (street, city, state, & zip) _____

Phone Number _____ Email Address _____

Expense Report / Travel Expenses

* Receipts must be attached

Destination of Trip (city & state) _____

Departure Date _____ Return Date _____

*Airfare (if any) \$ _____

Private Vehicle Total number of miles (round-trip) _____ x Federal Rate (\$0.58) \$ _____

Meals Total number of days _____ x Daily rate (using GSA per diem rates) \$ _____
GSA web link: <https://www.gsa.gov/travel/plan-book/per-diem-rates>

*Lodging/Hotel If not pre-paid. Total number of nights _____ \$ _____

*Other Expenses Registration, Parking, Luggage, Uber/Taxi, etc. \$ _____

Please itemize: _____

TOTAL OF REIMBURSEMENT DUE EMPLOYEE \$ _____

Employee Signature _____ Date _____

Recommended by Non-Public/
Private School Principal _____ Date _____

Approved by
BCS Federal Programs Director _____ Date _____