

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
 2016 Institute

Group Affiliation Select 1
 SREB _____
 SLOAN _____
 AGEP _____
 INSTITUTE ID _____

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

All requests for reimbursement must be submitted on the attached travel reimbursement form no later than December 08, 2016

Name: _____ Date: _____

Address to which check should be sent: _____

Date(s) of Trip: October 27- 30, 2016 Purpose: 23rd Annual Institute on Teaching & Mentoring

City & State, or Site Name and Location: Marriott Tampa Waterside Hotel, Tampa, Florida

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 .51¢ 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: Tampa, Florida

Means of Transportation:	To Be Reimbursed:	Prepaid by SREB:
Actual Miles: _____ @ .51 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 _____ Project to be Charged: CFDINST
 Director _____

For Office Use Only

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

Document No: _____ Session ID: _____