

SCPTA Travel Expense Reimbursement Form

(Reimbursement form must be postmarked within 15 days of activity per SCPTA Standing Rules).

Name _____

Address/City/State/Zip _____

Reason for reimbursement: _____

From: _____ Date: _____ To: _____ Date: _____

Daily expense items:

1. **Maximum daily meal** rate including tips is \$22.50 (Breakfast \$4.50; Lunch \$7.00; Dinner \$11.00)
2. **Lodging**-attach hotel receipts (double occupancy when possible)
3. **Transportation**-air fare and/or car rental is permissible only with prior approval of SCPTA President
4. **Mileage**-record mileage (.40 cents per mile). Reimbursement is not authorized for travel insurance or valet service
5. **Postage**-attach receipts for expenses accrued doing board duties

Expense Reimbursement-List daily rate expenses. Actual receipts must be included for reimbursement.

Date	Meals	Hotel	Transportation	Mileage	Other*	Daily Total
				_____ x .40 = \$		\$
				_____ x .40 = \$		\$
				_____ x .40 = \$		\$
				_____ x .40 = \$		\$
				_____ x .40 = \$		\$
				_____ x .40 = \$		\$
TOTAL						\$
*Explanation for "Other"						

SCPTA ONLY	
Project or Program	Amount
	\$
	\$
	\$
	\$
Approval _____ Date _____	

Total Claim	\$
Donation to SCPTA	\$
Total Reimbursed	\$
<p><i>Authorization: The expenses listed above were incurred in connection with authorized SCPTA activity and were not reimbursed to me.</i></p> <p>Signature _____</p> <p>Date _____</p>	

Submit original to: 1826 Henderson Street, Columbia, SC 29201

Keep copy for your files.