

Travel Reimbursement - DSP Institute

ATTN: Veda Overton-Houston

**All Requests for Travel Reimbursement Must Be Submitted No Later Than
 DECEMBER 1, 2019**

Name: _____ Date: _____

Address to mail check: _____

Date(s) of Trip: October 24 - 27, 2019 Purpose: The Institute on Teaching & Mentoring

City & State, or Site Name and Location: Atlanta Marriott Marquis, Atlanta, Georgia

Transportation: Specify points of departure and arrival, and means of transportation.

Departure City: _____ Arrival City: Atlanta, GA

Means of Transportation: _____

					Reimburse
Actual Miles:		@ 51 Cents Per Mile			
Automobile Rental:					
Taxi/Parking/Other: Indicate expenditures for each day in categories below.					
Date	Taxi	Parking	Other		
				=	
				=	
				=	
				=	
				=	
				=	
				=	
Total					

Explanation of OTHER items: _____

**NOTE: All expenditures must be supported by detailed ORIGINAL RECEIPTS
 and attached to this form.**

Personal Signature: _____

For SREB Use Only

Approved for Payment: _____
 Supervisor

 Director

Project to be Charged: CFDINST

For Office Use Only

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

Document No: _____

Session ID: _____