

2026-2027
Doss Consolidated Common School District
Employee / Board Member Travel Request

Employee/Official Name _____

Address _____ City _____ Zip _____

Budget Code: _____

Purpose of Travel: _____

Date/Dates: _____

Time of Departure: _____ am/pm Time of Return: _____ am/pm

Meal Reimbursements: To qualify for meals, claimant must depart by 6:00 a.m. for breakfast, 10:00 a.m. for lunch, and return no earlier than 8:00 p.m. for dinner.

_____ Breakfast @ \$16.00 \$ _____

_____ Lunch @ \$18.00 \$ _____

_____ Dinner @ \$29.00 \$ _____

_____ Incidentals @ \$ 5.00 \$ _____

Mileage Reimbursement:

_____ miles at 72.5 cents per mile \$ _____

Total Reimbursement Claim \$ _____

Employee Signature/Date

Superintendent/Date

NOTE:

2026-2027
Doss Consolidated Common School District
Student / Employee Non-Overnight Travel Request

Extracurricular Activity/Event: _____

Budget Code: _____

Purpose of Travel: _____

Date/Dates: _____

Time of Departure: _____ am/pm Time of Return: _____ am/pm

Meal Reimbursements: To qualify for meals, claimant must depart by 6:00 a.m. for breakfast, 10:00 a.m. for lunch, and return no earlier than 8:00 p.m. for dinner.

_____ Breakfast @ \$10.00 \$ _____

_____ Lunch @ \$12.00 \$ _____

_____ Dinner @ \$14.00 \$ _____

Meal Reimbursement Claim \$ _____

Claim _____ X No. Students _____ = \$ _____

Attach an itinerary and/or list of sponsors and students attending event.

Sponsor Signature/Date

Superintendent/Date

NOTE: