2024-2025 **Doss Consolidated Common School District**Employee/Key Official Travel Request

Employee/Official Nar	ne		
Address		City	Zip
Budget Code:			
Purpose of Travel: _			
Date/Dates:			
Time of Departure: _	am/pm	Time of Return:	am/pm
Meal Reimbursement for breakfast, 10:00 a			
	Breakfast	@ \$13.00	\$
	Lunch	@ \$15.00	\$
	Dinner	@ \$26.00	\$
	Incidentals	@ \$ 5.00	\$
Mileage Reimbursem	ent:		
	miles at 67 cents p	er mile	\$
Total Reimbursement Claim			\$
Employee Signature/Date		NOTE:	
Superintendent/Date			

2024-2025 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 Reimbursement for breakfast, 10:00 a.			st depart by 6:00 a.m. n 8:00 p.m. for dinner.
	Breakfast	@ \$10.00	\$
	Lunch	@ \$12.00	\$
	Dinner	@ \$14.00	\$
Meal Reimbursement Claim			\$
Claim	X No. Students_	=	\$
Attach an itinera	ry and/or list of spor	nsors and students	attending event.
Sponsor Signature/Da	ate	NOTE:	
Sportoor Orginaturo/De		NOIL.	
Superintendent/Date			

Doss CCSD FY25 Rates Presented 06.11.24