

Teacher Expense Report Request Form

(For Authorized Expenses)

Please Note: To ensure receiving reimbursement with your next paycheck please make sure this form reaches the conference office by the 20th of the month.

Purpose of Travel: _____

Destination: _____

Miles Driven: _____

Overnight Trip Per Diem:* \$ _____

Day Trip Per Diem:* \$ _____

Motel Cost: \$ _____

Other Expenses: \$ _____

\$ _____

Please Attach Receipts

*Overnight per diem is not taxable income; day trip per diem is taxable income. Claim \$29 if you had to purchase 2 or more meals on any given day of travel. Claim \$14.50 if you had to purchase only 1 meal.

(This column for office use only)

Amount: \$ _____ 46

Amount: \$ _____ 49

Amount: \$ _____ 40

Amount: \$ _____ 48

Amount: \$ _____

Amount: \$ _____

Total: \$ _____

Remarks: _____

Date: _____

Requested By: _____

Approved By: _____

(Superintendent of Schools or Treasury Department)

How to submit this form:

1. Fax it to: (317) 571-9281
2. Mail it to: Office of Education
Indiana Conference of Seventh-day Adventists
PO Box 1950
Carmel, IN 46032
3. Attach it to an e-mail to: sthompson@indysda.org