

WICOMICO COUNTY BOARD OF EDUCATION

Travel Accountability and Recap Report

(involving Overnight Travel)

NOTE-This form and all receipts are due to the Accounting Department within 10 business days after returning from your travel.
Failure to comply with this deadline could result in the forfeiture of any reimbursement and/or the approval of future travel.

Name _____

Employee ID _____

Account No. _____

Trip No.

Trip Dates (from): (to): Trip Destination:

Section 1 – WCBOE PROCUREMENT CARD RECAP (if any)

DATE of Charge	Charge Amount	Receipt Attached? (Yes, No)	Detail Description of the Charge and its Business Purpose

Section 2 – Meal Expenses incurred for which you are now seeking reimbursement

DATE of Expense	Receipts Attached? (Yes, No)	Breakfast \$	Lunch \$	Dinner \$	Total Meals \$	Provide number and names of individuals fed

Total Meal Expenses **A**
 Total Meal Advance Received {if any} **B**
Section 2: Net amount due to Employee (to WCBOE) **{A-B}** [if B > A, then subtract from any amount due in Section 3]

Section 3 – Other Expenses incurred for which you are now seeking reimbursement

DATE of Expense	Receipts Attached? (Yes, No)	Lodging \$	Parking \$	Tolls \$	Transportation Costs			Total Other Expense \$	Provide Description of Other Expense and its Business Purpose {if use personal vehicle, please provide authorization to do so}
					If use personal vehicle supply Business mileage below				
					Mileage	IRS Rate	\$		

Section 3: Total Other Expense Reimbursement Requested

If Net amount of Section 2 & 3 is negative WCBOE will deduct this from your paycheck, otherwise this will be reimbursed to the employee

This signature affirms that all attached receipts are for purchases incurred during this trip and exclude any purchases prohibited by WCBOE.

EMPLOYEE SIGNATURE

DEPARTMENT APPROVAL SIGNATURE

EMPLOYEE PRINTED NAME

DEPARTMENT APPROVAL PRINTED NAME