

TRAVEL PAYMENT REQUEST
Accounting Department
Lincoln Public Schools

Date: _____

Employee ID Number: _____ Name: _____ School: _____

Name of Activity: _____ Date(s) of Activity: _____

Location of Activity: _____

Prior to Leave: 1. Claimant completes Travel Payment Request and sends the form to the administrator(s) who agreed to cover expenses. 2. Administrator will indicate the maximum amount approved for expenses, sign the form and return the form to the claimant.

Upon Return: 1. After the activity is completed, the claimant will: a) List the expenses incurred. b) Attach receipts for all expenses, including travel, lodging, meals and registration. c) Sign the form. d) Send the form and all documentation to the administrator(s) whose account(s) will be charged. 2. The administrator will: a) Specify the amount approved. b) Provide the account number. c) Sign in the space provided below the account number. d) Send the form and documentation to Accounting for processing.

Complete prior to requesting leave

Travel Item	Estimated Expenses	Maximum Approved (Written Verification Required)
Travel: Auto _____ miles* Air _____ Other _____	\$ _____	\$ _____ (Signature)
Lodging for _____ days	\$ _____	\$ _____ (Signature)
Meals for _____ days	\$ _____	\$ _____ (Signature)
Other Expenses: <input type="checkbox"/> Registration _____ _____	\$ _____	\$ _____ (Signature)
Total		

*Mileage log must be attached.

Signature: _____

Audit for Payment: _____ (Auditor)

Date: _____

Complete upon return

Expenses Incurred	Amount Approved	Account Number (Signature Required)**
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____

**If all expenses are covered by one administrator then one signature in total column is sufficient.

Original form, receipts, account numbers and appropriate signatures are required before reimbursement is processed.

I hereby certify that this claim is correct and is unpaid.

Date _____

Claimant Signature _____