

Title II, Part A Private School Travel and Expense Report

FY 2012

ONLY FOR THE USE OF TITLE II, PART A PRIVATE SCHOOL EMPLOYEES

Employee Name: _____

School Name: _____

GL Account #: _____

Trip Start Date: _____

Trip Description: _____

Date Submitted: _____

Title/Grade: _____

Level: _____

Vendor #: _____

Trip End Date: _____

To complete the form, please type any expenses in the applicable fields. In the mileage field, enter miles traveled only. (The reimbursement amount will automatically calculate in the Employee Paid Expenses column.) For travel outside of Georgia, you must understand the federal meal diem rates by city and state at the following website: <http://www.gsa.gov/mie>. **NOTE:** The first and last day calculated at 75% and the \$5 incidentals referenced on the website do not apply to Atlanta Public Schools.

CATEGORY	AMOUNT	DESCRIPTION / CATEGORY	EMPLOYEE PAID EXPENSES	COMPANY PAID EXPENSES
AIRFARE			\$ -	
LODGING			\$ -	
MEALS	Breakfast		\$ -	
	Lunch		\$ -	
	Dinner		\$ -	
MILEAGE (# of miles)			\$ -	
Mileage Reimbursement Rate: \$0.51 per mile				
GROUND TRANSPORTATION			\$ -	
REGISTRATION			\$ -	
PARKING			\$ -	
BAGGAGE			\$ -	
CAR RENTAL**			\$ -	
CONFERENCE/SEMINAR			\$ -	
			\$ -	
Total Company Paid Expenses:			\$ -	
Total Expenses due Employee:			\$ -	
TOTAL COST OF TRIP:			\$ -	

** Prior approval required for all car rentals

All original receipts must be attached as required in the APS Travel and Expenses Procedures Manual. Please attach all receipts smaller than 1/2 of a page in size to blank sheets with tape and print your name and vendor # on each page.

Use the space below to provide explanation if limits are exceeded or to provide additional trip information.

I certify that the information furnished above is true and correct to the best of my knowledge and I have incurred the described expenses and the stated mileage in the performance of allowable travel based on the APS travel guidelines and all state and federal Title II, Part A guidance. I further understand that any false information may result in disciplinary action such as, but not limited to, the loss of travel privileges, suspension of the school's budget funding, suspension, or termination of employment.

Employee Signature: _____ Date: _____

Name of Principal/Supervisor: _____

Principal/Supervisor Signature: _____ Date: _____

For APS Use Only

Name of Education Specialist: _____ Signature: _____ Date: _____
(Signature indicates review of supporting documentation, GL account coding and funds verification)

Name of Budget Center Manager: _____ Signature: _____ Date: _____

Please submit completed form and original receipts to: Office of Federal Grants and Program Compliance, 130 Trinity Avenue S.W., Atlanta, GA 30303