

# TRAVEL REIMBURSEMENT

Albert Lea Public Schools ISD 241

EMP ID # \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

PAYROLL REC'D		PAYROLL PAID	
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**\*Please note that ALL reimbursements will be processed through PAYROLL, but will only be taxable in the circumstances described below.**

## SINGLE-DAY CONFERENCE/WORKSHOP MEALS & PARKING (not mileage)

\* According to IRS regulations, reimbursement for single-day travel (meals & parking but **not** mileage) must be included in taxable wages and will be paid to employees on the next payroll.  
 \* Use this section for meals costs of attending a meeting or conference if you returned home or to work on the same day. Mileage costs are not taxable and should be included in the second section of this form.

Date	Destination and Purpose of Trip	EBETAXABLE		<i>Detailed receipts must be attached</i>			Total	Account Code	
				Breakfast \$13 Max	Lunch \$15 Max	Dinner \$26 Max			
							-		
							-		
							-		
<b>Total Single-Day Travel Reimbursement</b>							\$	-	

## ALL MILEAGE & MULTI-DAY CONFERENCE/WORKSHOP TRAVEL

\* Use this section for travel between buildings; mileage to any conference/workshop/meeting; or meals, parking or lodging associated with multi-day meetings or conferences if you spent the night in a hotel.

Date	Destination and Purpose of Trip	EBENONW2		<i>Detailed receipts must be attached</i>						Total	Account Code
		Miles	<i>2026 RATE \$0.725</i> Mileage Cost	Lodging	Parking	Breakfast \$13 Max	Lunch \$15 Max	Dinner \$26 Max			
										-	
										-	
										-	
										-	
	In-District (from page 2)	-	-							-	
<b>Total In-District &amp; Multi-Day Travel Reimbursement</b>										\$	-

I declare under the penalties of perjury that this account, claim or demand is just and true and that no part of it has been paid.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Supervisor Signature

\_\_\_\_\_  
Date

