



BAYONNE BOARD OF EDUCATION  
Bayonne Public Schools  
ADMINISTRATION BUILDING  
669 Avenue A  
Bayonne, New Jersey 07002

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**TRAVEL/EXPENSE APPROVAL & REIMBURSEMENT REQUEST FORM**

Employee Name: \_\_\_\_\_ Location: \_\_\_\_\_

Position: \_\_\_\_\_

Date(s) of travel/expense: \_\_\_\_\_

Reason for travel/expense: \_\_\_\_\_

**RESOLUTION REQUIRED:                      YES                      DATE                      /                      NO**

Event Registration: Conference/Seminar Fee: \_\_\_\_\_

**Estimated Expenses for Travel:**

Travel/Miles Expense (see below)\*: \_\_\_\_\_

**\*IF YOU ARE NOT A BAYONNE RESIDENT, NORMAL COMMUTATION TO YOUR PAYROLL SCHOOL EXPENSE MUST BE DEDUCTED FIRST WHEN CALCULATING MILEAGE TO THE EVENT.                      The current mileage rate is \$.47 per mile.**

To: \_\_\_\_\_ From: \_\_\_\_\_

Meal Expense: \_\_\_\_\_

Hotel/Accommodation Expense: \_\_\_\_\_

Miscellaneous Expense: \_\_\_\_\_  
(Please explain miscellaneous)

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**\*\*\* ALL RECEIPTS MUST BE ATTACHED TO REQUEST FOR REIMBURSEMENT \*\*\***  
**Within Sixty (60) days after Travel**

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

\_\_\_\_\_  
Date of Submission

\_\_\_\_\_  
Approved By: Assistant Superintendent of Schools

\_\_\_\_\_  
Date of Approval