



TEACHER SUPPORT SYSTEM INDIVIDUAL TRAVEL REIMBURSEMENT CLAIM
 EDUCATION STANDARDS AND PRACTICES BOARD
 SFN 59235 (1-2016)

Instructions for Teachers:

1. Enter amount of expenses that you incurred. **Do not include automobile mileage unless you drove your own vehicle.**
2. Attach receipts for hotel costs if not direct billed. Actual receipts are required; copies of credit card slips are not acceptable.
3. "Other" costs must be explained and receipt(s) attached.
4. Submit completed form to **TSS Mentoring Program, 2718 Gateway Avenue, Suite 204, Bismarck, ND 58503.**

Name			Date Submitted
Address			
City	State	ZIP Code	Email Address
School		City	
Reason for travel		Meeting dates	
Departure date and time		Expected return date and time	
Lodging (reimbursed at State rate, no tax) (receipt must be attached if not direct billed) <input type="checkbox"/> Direct billed <input type="checkbox"/> Shared room Name of person shared with _____			= \$
Automobile Mileage _____ miles round trip X \$.54 <input type="checkbox"/> Drove both days (did not stay overnight) miles round trip one day _____ X 2 = _____ X \$.54 <input type="checkbox"/> Shared ride (did not drive) <input type="checkbox"/> Drove school vehicle (put school mailing address in bottom left box)			= \$
Signature			

Bottom section for use by Teacher Support System			
Number of Breakfasts (if not provided)	_____ X \$7.00	= \$	Meal totals
Number of Lunches (if not provided)	_____ X \$10.50	= \$	
Number of Dinners (if not provided)	_____ X \$17.50	= \$	
Teacher Support System Total			= \$

Other	For Use by Teacher Support System APPROVED FOR TEACHER SUPPORT PAYMENT DATE: _____ CODE: _____
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