



Tribal Education Departments National Assembly
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Document ID:

SELF-REPORTED MILEAGE & TRAVEL EXPENDITURE FORM REIMBURSEMENT WORKSHEET

- Parts I, II, and III must be filled out for timely reimbursement to occur.
- The standard mileage rate is 54 cents per mile (IRS Jan. 1, 2016)

Use the space below to record reimbursable mileage information as allowed per published June 2012 memorandum by the U.S. Department of Education – Office of Chief Financial Officer, otherwise defining “allowable costs for conference(s)/meeting(s).” The following records fall within compliance which reads “Grant funds may be used to pay for the costs of attending a conference. Specifically, Federal grant funds may be used to pay for conference fees and travel expenses (transportation, per diem, and lodging) of grantee employees, consultants, or experts to attend a conference or meeting if those expenses are reasonable and necessary to achieve the purposes of the grant.”

Part I: Traveler Information

1 INDIVIDUAL FULL NAME			7 CONTACT PHONE NUMBER	
2 STREET ADDRESS 1			8 CONTACT TITLE	
3 TODAY'S DATE			9 CONTACT E-MAIL ADDRESS	
4 CITY	5 STATE	6 ZIP CODE	10 CONTACT FAX NUMBER	

Part II (a): Mileage Ledger

DATE <i>dd/mm/yyyy</i>	DESCRIPTION OF CLAIM <i>(ie. Conference Name, Event Name)</i>	FROM (A) <i>Location Start or Mileage</i>	TO (B) <i>Location Stop or Mileage</i>	MILES <i>Trip Total (A to B)</i>

TOTAL MILES
For All Recorded Trips

PART II (b): Allowable Reimbursement Calculation for Mileage Expenses

<input style="width: 100%; height: 20px;" type="text"/> Total Miles	Multiplied By x	<input style="width: 100%; height: 20px;" type="text"/> Standard Mileage Rate (\$ USD)	Equals =	\$ <input style="width: 100%; height: 20px;" type="text"/> Allowable Reimbursement
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Please fill in the boxes with respective (1) total mileage and (2) allowable reimbursement calculation, this is part of the process to understand how much you will be reimbursed.

****EXAMPLE****
If a requester logs in 100 miles, you will take (100) and multiply that by (.54) which will equal (\$54.00).

Part II (c): Per Diem and/or Lodging Expenses

DATE <i>dd/mm/yyyy</i>	DESCRIPTION OF CLAIM <i>(ie. Lunch/Dinner, Restaurant, Hotel)</i>	FROM (A) <i>DAY OF WEEK</i>	TO (B) <i>DAY OF WEEK</i>	CHARGE AMOUNT Incident Subtotal

TOTAL COST
For All Claims List on this *1040b MILEAGE & TRAVEL EXPENDITURES REIMBURSEMENT DOCUMENT*

PART III (a): REQUESTER SIGNATURE

- I certify that it is true, complete and accurate to the best of knowledge. I am aware that any false, fictitious or fraudulent information may subject me to criminal, civil or administrative penalties.
- By signing this form, I certify that I have the authority to execute this authorization form on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), partnership(s), and/or individual(s).

X	X	X	
REQUESTER'S SIGNATURE	PRINTED NAME	DATE	

PART III (b): APPROVAL SIGNATURE

- I certify approval of the following reimbursement contained in this document (pages 1-2). I am aware that any false, fictitious or fraudulent information may subject me to criminal, civil or administrative penalties.
- By signing this form, I certify that I have the authority to execute this authorization form on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), partnership(s), and/or individual(s).

X	X	X	
APPROVAL SIGNATURE	PRINTED NAME	DATE	