

# Private Schools - Reimbursement of Expenses

Name & Vendor #:	Departure Date:
Destination & Purpose:	Return Date:
Address to Send Check:	
Account Code:	

## Expenses

This form follows CMCSS Travel Regulations ACC-R001

Airline Travel (No Upgrades Allowed)	\$ _____
Airport Parking (Receipts Required)	\$ _____
Car _____ Miles X _____ Rate	\$ _____
Hotel (No Room Service or Wi-Fi)	\$ _____
Hotel Parking (Receipts Required)	\$ _____
Meals & Incidentals (No Receipts Required), <b>*See Total Below</b>	\$ _____
Registration (Proof Must Be Attached)	\$ _____
Conference Parking (Receipts Required)	\$ _____
Taxi/Rideshare/Shuttle Fare (Receipts Required)	\$ _____
Other: _____ (Receipts Required)	\$ _____
<b>Total Expenses -</b>	\$ _____

Meals & Incidentals					
Date					
Per Diem					
Less any provided meals by the hotel, conference, etc.					
Breakfast	-	-	-	-	-
Lunch	-	-	-	-	-
Dinner	-	-	-	-	-
Total					

**Submit this completed form with receipts and registration attached no later than five days after your return OR on the designated date in June.**

**621 Gracey Avenue  
Clarksville, TN 37040**

[FederalPrograms@cmcss.net](mailto:FederalPrograms@cmcss.net)

In accordance with CMCSS HUM-A078, I hereby declare that I have not personally received an honorarium, stipend, or any other compensation for this travel from a third party. If I do, I will reduce the expenses by the amount of the compensation by the third party.

Signature of Claimant:		Date:
Supervisor's Approval:		Date:
CMCSS Federal Programs Director:		Date: