

**Travel Reimbursement - DSP Institute**

**ATTN:** Veda Overton-Houston

**All Requests for Travel Reimbursement Must Be Submitted No Later Than  
 NOVEMBER 15, 2024**

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

Address to mail check: \_\_\_\_\_

Date(s) of Trip: October 31 - November 3, 2024 Purpose: The Institute on Teaching & Mentoring

City & State, or Site Name and Location: New Orleans Marriott, New Orleans, LA

**Transportation:** Specify points of departure and arrival, and means of transportation.

Departure City: \_\_\_\_\_ Arrival City: New Orleans, LA

Means of Transportation: \_\_\_\_\_

					Reimburse
<b>Actual Miles:</b>		<b>@ 51 Cents Per Mile</b>			
<b>Automobile Rental:</b>					
<b>Luggage/Parking/Other:</b> Indicate expenditures for each day in categories below.					
Date	Baggage Fee	Parking	Other		
				=	
				=	
				=	
				=	
				=	
				=	
				=	
<b>Total</b>					

Explanation of OTHER items: \_\_\_\_\_

**NOTE: All expenditures must be supported by detailed dated RECEIPTS and emailed with this form.**

Personal Signature: \_\_\_\_\_  
E-signature or Typed

**For SREB Use Only**

Approved for Payment: \_\_\_\_\_  
Supervisor Project to be Charged: CFDINST  
Director

**For Office Use Only**

FUND	GRANT YR	GL	DEPT	ACTIVITY	STATES	SCHOOL	STUDENT	CONF&WKSHP	DR

Document No: \_\_\_\_\_ Session ID: \_\_\_\_\_