

REQUEST FOR REIMBURSEMENT

This form to be used for reimbursement of purchases or a day's meeting. Payment requires a receipt. Mileage, if for single trips, is to be recorded here also. Mileage recorded for the month is to be placed onto the "Mileage Expense Report for _____."

Name: _____
Address: _____

Reason for Reimbursement Request:

Expenditures: (with receipts attached)

Lodging:	\$_____.	Travel (\$ ⁵⁵ 800 mile):	\$_____.
Meals:	\$_____.	Registration:	\$_____.
Supplies:	\$_____.	Equipment:	\$_____.
Other:	\$_____.		

Total Expenditures: \$_____.

Employee Signature: _____ Date: _____

OFFICE USE ONLY

Title 1	_____	Extracurricular	_____	Vocational	_____
Principal	_____	Elementary	_____	Middle School	_____
Media	_____	Special Ed.	_____	Guidance	_____
Lunch	_____	High School	_____	Bd. Of. Educ.	_____
OTHER	_____				

Approved by _____