

JOB RELATED EXPENSE REIMBURSEMENT REQUEST FORM

Name _____

School _____ Date _____

Date(s) of meeting/visitation: _____

Location of meeting/visitation: _____

Actual Expenses

Mileage _____ miles @ _____ per mile \$ _____

Plane, bus, train, and/or taxi fares \$ _____

Registration fees \$ _____

Meals (not to exceed \$ _____ per day) \$ _____

Parking \$ _____

Lodging (only for locations beyond _____ miles from the District.
The Superintendent may approve exceptions) \$ _____

TOTAL ACTUAL EXPENSES \$ _____

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ALLOWABLE EXPENSES \$ _____

Employee's Signature Date

Principal's Recommendation Date

Superintendent's Approval Date

Itemized bills and/or receipts must be attached before reimbursement can be made. Cancelled checks cannot be accepted as receipts.

PLEASE ATTACH COPY OF PURCHASE ORDER TO THIS FORM.