

# RICHMOND HEIGHTS LOCAL SCHOOLS

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*"It's a new day for the Richmond Heights way."*

**SEND TO:  
SUPERINTENDENT WITH  
ATTACHED RECEIPTS AFTER TRIP  
COMPLETION.**

Date \_\_\_\_\_

Name of person to whom check is to be written: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FOR: Expenses connected with attendance at the following:

Meeting Attended \_\_\_\_\_

Meeting Location \_\_\_\_\_

Date(s) From \_\_\_\_\_ To \_\_\_\_\_

MILEAGE: \_\_\_\_\_ miles x \$ 0.67 cents per mile \$ \_\_\_\_\_

Bus/Airplane Fare (receipt attached) \$ \_\_\_\_\_

Registration Fee (receipt attached) \$ \_\_\_\_\_

Hotel Room (receipt attached) \$ \_\_\_\_\_

Meals (itemized list or receipts attached) \$ \_\_\_\_\_

Parking (receipt attached) \$ \_\_\_\_\_

Taxi or Local Bus \_\_\_\_\_

Fare \_\_\_\_\_ trips @ \_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses: (receipts attached) \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL REIMBURSEMENT** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature & Date of Person Making Application

\_\_\_\_\_  
Supervisor Signature & Date

\_\_\_\_\_  
**Superintendent's Approval**

NOTE: PAYMENT WILL NOT BE AUTHORIZED UNTIL THE ITEMIZED RECEIPTS COVERING THIS PROFESSIONAL TRIP HAS BEEN SUBMITTED WITH THE FORM.

**FORM #2**

Updated 01-12-2024

*Mission: Prepare individual learners to navigate an evolving global community using 21<sup>st</sup> century competencies.*  
[www.richmondheightsschools.org](http://www.richmondheightsschools.org)