

Bureau Valley CUSD #340



Request for Payment

Today's Date: _____

Payable To: _____

Expenses Connected with Authorized Meetings, Trips, Etc.

Nature of Meeting: _____

Date of Meeting: _____

Itemized list of expenditures:

_____ miles at .67 cents per mile	\$ _____
_____ nights lodging	\$ _____
_____ registration fee	\$ _____
_____ meals (max. \$50 per day)	\$ _____
_____ other (list below)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Receipts must be attached to this request form.

Signed: _____
Employee

I have checked the above request and recommend payment be made.

Signed: _____	_____
Principal	Date

Signed: _____	_____
Superintendent	Date