



Reimbursement of Expenses Form

Name _____ School _____

Address _____ Date _____

_____ Board Approval Date _____

Description of Meeting _____

Travel From _____ To _____

Return From _____ To _____

Location _____ Dates _____

Transportation:

Mileage: Number of Miles Roundtrip _____ x \$ 0.47 Per Mile \$ _____

Tolls \$ _____ Parking \$ _____ \$ _____

Travel (Air/Rail) \$ _____ Taxi \$ _____ \$ _____

Conference/Workshop Registration \$ _____

Hotel \$ _____

Meals:

<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

GRAND TOTAL OF ALL EXPENSES \$ _____

Employee Signature

Date

Principal/Supervisor Signature

Date

APPROVAL

Assistant Superintendent Signature

Date

Business Administrator Signature

Date