

JOB RELATED EXPENSE REIMBURSEMENT REQUEST FORM

NAME: _____

SCHOOL: _____ DATE: _____

DATES OF MEETING (IF APPLICABLE): _____

LOCATION OF MEETING (IF APPLICABLE): _____

ACTUAL EXPENSESMILEAGE _____ MILES @ _____ PER MILE \$ _____
CURRENT IRS RATE

PLANE, BUS, AND/OR TAXI FARES: \$ _____

REGISTRATION FEES: \$ _____

MEALS (NOT TO EXCEED \$ _____ PER DAY: \$ _____

PARKING/INTERNET: \$ _____

LODGING (ONLY FOR LOCATIONS BEYOND _____ MILES FROM DISTRICT: \$ _____
(THE SUPERINTENDENT MAY APPROVE EXCEPTIONS)

OTHER \$ _____

REIMBURSEMENT FOR BCI/FBI: \$ _____

OTHER (PLEASE SPECIFY) _____ \$ _____

ALLOWABLE EXPENSES: \$ _____

EMPLOYEES SIGNATURE: _____ DATE: _____

PRINCIPAL'S APPROVAL _____ DATE: _____

SUPERINTENDENT'S APPROVAL: _____ DATE: _____

TREASURER'S REVIEWED: _____ DATE: _____

ITEMIZED BILLS AND/OR RECEIPTS MUST BE ATTACHED BEFORE REIMBURSEMENT WILL BE MADE. PLEASE MAKE SURE THE IS ON THE BACK OF ANY MEAL RELATED RECEIPTS.

NOTE: IF ATTENDING PROFESSIONAL DEVELOPMENT PLEASE ATTACH CERTIFICATE OF ATTENDANCE AND COPY OF PROF FORM FROM KIOSK.**PLEASE ATTACH COPY OF PURCHASE ORDER TO THIS FORM OR ENTER PO# HERE:** _____

5/18/2016

2/1/2004

NEOLA