

2021 PROFESSIONAL MEETING REIMBURSEMENT REQUEST FORM

Name \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Date(s) of meeting/visitation: \_\_\_\_\_

Location of meeting/visitation: \_\_\_\_\_

Actual ExpensesMileage \_\_\_\_\_ miles @ **\$.56** per mile \$ \_\_\_\_\_

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

Registration fees \$ \_\_\_\_\_

Meals (not to exceed **\$25** per day) \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Lodging (**\$120**/per night)

(The Superintendent may approve exceptions) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES \$ \_\_\_\_\_

-----

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.