

PROFESSIONAL MEETING REIMBURSEMENT REQUEST FORM

Name _____

School _____ Date _____

Date(s) of meeting/visitation: _____

Location of meeting/visitation: _____

Actual ExpensesMileage _____ miles @ **\$.58** 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.