



REIMBURSEMENT REQUEST 2016-17

Name _____ Building _____

Workshop/Conference/Activity Title _____

Date(s) _____ Location _____

1. Transportation (roundtrip) From: _____ To: _____

2. Total Car Mileage: _____ @ .54 per mile Total: \$ _____

3. Departure: Date: _____ Time: _____

4. Return: Date: _____ Time: _____

5. Meal Reimbursement: Breakfast \$ _____ Dinner \$ _____ Total \$ _____

a. **(Please attach receipts.)** (\$5.50/meal max) (\$17.00/meal max)

b. (If leaving home before 6:00 A.M. or returning home after 7:00 P.M.)

6. Other Expenses: **(Please attach receipts.)**

Item	Amount
------	--------

_____	_____
-------	-------

_____	_____
-------	-------

Total Other: \$ _____

Total Reimbursement Request: \$ _____

Signature _____

Date _____

Return Completed Request to the Curriculum Office.

Approved by Superintendent or Director of Curriculum: _____

Date: _____

Account Charged: _____