



REIMBURSEMENT REQUEST FOR PROFESSIONAL MEETING

EMPLOYEE NAME

BUILDING

MEETING ATTENDED

MEETING DATE(S)

MEETING LOCATION

SUMMARY OF EXPENSES*

LODGING**:

\$

MEALS:

REGISTRATION:

TRAVEL:

MILES @

\$ 0.58

CENTS PER MILE

TRAVEL - OTHER (SPECIFY):

PARKING EXPENSE:

MISCELLANEOUS (SPECIFY):

TOTAL:

\$

Reimbursement will be made in accordance with Administrative Guideline 6550.

* Original detailed receipts must accompany request for reimbursement, along with original copy of purchase order.

** Tax cannot be reimbursed.

Tax exempt forms can be obtained from the School District's Central Office.

EMPLOYEE'S SIGNATURE

DATE

ADMINISTRATIVE APPROVAL

DATE

REVISED JANUARY 2019