

PROFESSIONAL MEETING REIMBURSEMENT REQUEST FORM

Name \_\_\_\_\_

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

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

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

Actual Expenses

Mileage \_\_\_\_\_ miles @ \_\_\_\_\_ per mile \$ \_\_\_\_\_

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

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

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

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

Lodging (only for locations beyond \_\_\_\_\_ miles from the Corporation.  
The Superintendent may approve exceptions) \$ \_\_\_\_\_

TOTAL ACTUAL EXPENSES \$ \_\_\_\_\_

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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.

**PLEASE ATTACH COPY OF PURCHASE ORDER TO THIS FORM.**