

Req/P.O. # _____

REQUEST FOR REIMBURSEMENT

I _____ am requesting reimbursement for the following expenses that I incurred when I attended:

Name of conference//workshop

on _____
Date

RECEIPTS ARE TO BE ATTACHED FOR THE FOLLOWING ITEMIZED EXPENSES:

Registration \$ _____

Room \$ _____

***PLEASE NOTE:** School Districts are not charged tax. If you paid with personal payment you will be charged taxes. We DO NOT reimburse for taxes.

Mileage (# of miles) _____
(you will be reimbursed at the current IRS rate per mile)

Other (Parking, etc.) \$ _____

Total \$ _____
(To be completed by Fiscal Office)

To be completed by Fiscal Office Representative:

Per diem location _____ Per diem amount _____

Grand Total to be reimbursed: \$ _____

Was leave paper filled out beforehand? ____ Yes ____ No

Amount approved on leave paper: \$ _____