

SCHOOL YEAR _____

Name: _____ School: _____ Date: _____

Course/Conference Title: _____

Date of Course/Conference: _____

ITEMIZED EXPENSE REIMBURSEMENT

<u>Items</u>	<u>Total</u>
Food	\$ _____
Lodging	\$ _____
Transportation (taxi, shuttle, etc.)	\$ _____
Mileage (.535 cents/mile)	\$ _____
Other	\$ _____
 Grand Total:	 \$ _____

Please keep a copy of all your receipts. **You will be reimbursed with the remaining funds available from the amount you provided on your original conference request. Please call if you need to know the balance remaining of the amount you originally requested.** If you have any questions, please contact Meg Collins, Superintendent's Office @ 652-7390. Thank you!

This portion to be filled out by the Superintendent's Office.

Total Reimbursement: \$ _____