



## REIMBURSEMENT REQUEST FORM

NAME \_\_\_\_\_

DATE \_\_\_\_\_

PURPOSE OF REIMBURSEMENT \_\_\_\_\_

LODGING: YES \_\_\_\_ NO \_\_\_\_ # OF NIGHTS \_\_\_\_

### MEALS

- BREAKFAST @ \$12.00 = \$ \_\_\_\_\_
- LUNCH @ \$15.00 = \$ \_\_\_\_\_
- DINNER @ \$18.00 = \$ \_\_\_\_\_

**TOTAL COST MEALS =** \$ \_\_\_\_\_

\* NOT TO EXCEED \$45.00 PER DAY

**PARKING** \$ \_\_\_\_\_

**ADDITIONAL CHARGES** \$ \_\_\_\_\_

ATTACH ORIGINAL, ITEMIZED RECEIPTS TO THIS FORM.

**MILEAGE:** \_\_\_\_\_ X .625/MILES \$ \_\_\_\_\_

**GRAND TOTAL REIMBURSEMENT** \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Principal/ Supervisor Signature**

**DATE** \_\_\_\_\_

**DATE:** \_\_\_\_\_