

WINCHENDON PUBLIC SCHOOLS  
OFFICE OF THE SUPERINTENDENT

REIMBURSEMENT FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

EXPENSES INCURRED WHILE ATTENDING:

Conference/Workshop \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

Date of Conference/Workshop \_\_\_\_\_

Mileage (if personal automobile used): \_\_\_\_\_ Miles @ \_\_\_\_\_ \$ \_\_\_\_\_

(Itemize on separate sheet for multiple trips)

Conference/Workshop Registration (if paid by you) \$ \_\_\_\_\_

Other (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL REIMBURSEMENT REQUESTED \$ \_\_\_\_\_

Account Number & Description to be charged:  
\_\_\_\_\_

*NOTE: In order to be reimbursed you must provide copies of cancelled check(s) and registration/attendance information for conferences. All other expenses require original receipts.*

Principal/Director Signature \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Office  
Use Only

ALL ORIGINAL DOCUMENTS		
Original Receipts	Y	N
Credit Card Statement	Y	N
Cancelled Check	Y	N
Bank Statement	Y	N