

TUSSEY MOUNTAIN SCHOOL DISTRICT REIMBURSEMENT FORM
FORM UPDATED SEPTEMBER 19, 2022

Attendee Name _____	Date Submitted _____
Workshop/Conference Title _____	
Workshop/Conference Location _____	Workshop Date(s) _____

Projected Expenses - SUBMIT FOR APPROVAL	Actual Expenses - RECEIPTS MUST BE ATTACHED
Estimated Total Miles (Call Payroll for Current Rate) Rachel - ext 1167 _____ miles x \$ _____ = \$ _____	ACTUAL Total Miles _____ miles x \$ _____ = \$ _____
Lodging Rate/Night \$ _____ x _____ Night(s) = \$ _____	Lodging Rate/Night \$ _____ x _____ Night(s) = \$ _____
MEALS Breakfast/Lunch - Not to Exceed \$10.00/Meal Dinner - Not to Exceed \$20/Meal	MEALS Breakfast/Lunch - Not to Exceed \$10.00/Meal Dinner - Not to Exceed \$20/Meal
Total # of Breakfast(s) _____ Estimated Cost \$ _____ Total # of Lunch(es) _____ Estimated Cost \$ _____ Total # of Dinner(s) _____ Estimated Cost \$ _____	Total # of Breakfast(s) _____ Estimated Cost \$ _____ Total # of Lunch(es) _____ Estimated Cost \$ _____ Total # of Dinner(s) _____ Estimated Cost \$ _____
Registration Fee: \$ _____ (If fee needs pre-paid, please get information to Accounts Payable as soon as possible (Jess, ext 1172))	Registration Fee: Prepaid by District - No Reimbursement Due _____ Paid by Employee - Requesting Reimbursement - (Proof of Payment Must be Attached) _____
Substitute Daily Rate \$ _____ x # of days _____ = \$ _____ (Check with Payroll for Current Daily Sub Rate - ext 1167)	Substitute Daily Rate \$ _____ x # of days _____ = \$ _____ (Check with Payroll for Current Daily Sub Rate - ext 1167)
Estimated Toll Road Fees: \$ _____	Actual Toll Road Fees (Receipts Required) \$ _____
Misc. Expenses: (Explain): \$ _____	Actual Misc. Expenses: (Explain) \$ _____ (Receipts if possible)
Estimated TOTAL Cost: \$ _____	Actual TOTAL Cost: _____ Minus Amount Advanced: _____ TOTAL REIMBURSEMENT: _____
Principal Approval: _____	Principal Approval: _____
Request Board Approved? _____	Request Board Approved? _____