

PD REIMBURSEMENT REQUEST FORM

Puxico R-VIII School District

Please Pay The Following To:

Date(s) of Activity:

Purpose of Activity:

Destination:

CHARGES YOU ARE ASKING TO BE REIMBURSED TO YOU:

Mileage (Check Mileage Form)

_____ @ \$.40 = \$ _____

Lodging

\$ _____

(Charged to your personal credit card)

Meals

\$ _____

Registration

\$ _____

Other

\$ _____

(Type of Expense _____)

TOTAL: \$ _____

I HAVE ATTACHED :

ALL RECEIPTS

EVALUATION FORM

Signature of Staff Member

Date

Signature of Principal/Program Director

Date

Signature of PDC Chairman

Date

FOR OFFICE USE:

Total of Voucher: _____

For Month of: _____

To be Paid by Funding From:

(PDC, Special Ed., Title 1, etc.)