

Lancaster County Public Schools

Learning Today... Leading Tomorrow!

Request for Reimbursement of Expenses

mployeeSchool/Dept							
Description of Activity							
Location of Activity Dates							
Refer to Employee I	Expense & Reimburse	ment Procedu	are. Receipts	MUST be at	tached.		
EXPENSES	DATE	DATE	DATE	DATE	DATE	TOTAL	
Breakfast (Max. \$10/day)							
Lunch (Max. \$15/day)							
Dinner (Max. \$20/day)							
Lodging							
Airfare							
Rental Car							
Tolls							
Fuel (County Car)							
Registration Fee							
*Mileage (roundtrip) \$0.655/mile							
Total							
*Mileage must be approved by Superintendent or Designe	ee prior to travel. Mileag	e is only availa	ble if a county	car is NOT av	ailable.		
Employee Signature	Da	te		-			
Principal/Supervisor	Da	ıte					
Superintendent or Designee Signature _			Da	te			
G/L Account to be charged			Γotal				
		<i>_</i>	Total				

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