

Bureau Valley CUSD #340



Request for Payment

Today's Date: \_\_\_\_\_

Payable To: \_\_\_\_\_

Expenses Connected with Authorized Meetings, Trips, Etc.

Nature of Meeting: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Itemized list of expenditures:

_____ miles at .545 cents per mile	\$ _____
_____ nights lodging	\$ _____
_____ registration fee	\$ _____
_____ meals (max. \$25 per day)	\$ _____
_____ other (list below)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____

**Receipts must be attached to this request form.**

Signed: \_\_\_\_\_  
Employee

I have checked the above request and recommend payment be made.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Principal

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Superintendent