

# R.O.W.V.A. REQUEST FOR REIMBURSEMENT

Request for Reimbursement for Professional Meeting or School Related Expenses

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

Meeting \_\_\_\_\_ Department \_\_\_\_\_

Dates \_\_\_\_\_

Mileage @ 65.5¢ per mile \_\_\_\_\_

Lodging \_\_\_\_\_

Meals \_\_\_\_\_

Other \_\_\_\_\_  
(Explain)

Total \$ \_\_\_\_\_

List Individual Trips:

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\_\_\_\_\_  
(Employee)

\_\_\_\_\_  
(Superintendent)