Abingdon-Avon CUSD #276

Request for Reimbursement

All school personnel requesting payment or reimbursement should complete this form and return to the district office. Information should be complete and specific as to the items for which reimbursement is being requested. Please attach receipts.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Destination/Description | Amount | Mileage @ Current  IRS Rate  62.5₵ | Meals/  Lodging | Total |
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Please note that items that cannot be reimbursed should be purchased on a separate receipt if at all possible.

Total Amount Requested\_\_\_\_\_\_\_\_\_\_

Requested by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_