



**PARAGOULD SCHOOL DISTRICT**

1501 West Court Street  
Paragould, AR 72450

**REIMBURSEMENT REQUEST**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Total Miles Round Trip: \_\_\_\_\_ (If personal vehicle was used)

Lodging: \$ \_\_\_\_\_ (Original Receipts attached)

Meals: \$ \_\_\_\_\_ (Original Receipts attached)

Other: \$ \_\_\_\_\_ (Original Receipts attached)

OVERNIGHT STAY	
YES	NO

If not travel, reason for reimbursement: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

APPROVED: \_\_\_\_\_  
Principal/Supervisor \_\_\_\_\_  
Date

**FOR ADMINISTRATIVE USE ONLY:**

\_\_\_\_\_ Miles @ \$0.42 per mile: \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL REIMBURSEMENT: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
General Business Manager \_\_\_\_\_  
Date