

REIMBURSEMENT FORM

Pecatonica C.U.S.D. #321

Name _____ Date _____

Date(s) of mtg. _____ Location of mtg. _____

.....

REGISTRATION FEE

_____ Previously paid by district (\$_____)

_____ Paid by employee (\$_____)

..... **subtotal \$** _____

ACCOMMODATIONS

Hotel \$ _____

..... **subtotal \$** _____

MEALS

Breakfast

Lunch

Dinner

Date _____

Date _____

Date _____

Meal receipts must be itemized. Reimbursement for alcoholic beverages is prohibited.

..... **subtotal \$** _____

TRAVEL

_____ miles at \$.655 per mile _____

(Proof of insurance is required for mileage reimbursement)

Cabs/Tolls/Tips/Parking _____

Other _____

..... **subtotal \$** _____

..... **TOTAL REIMBURSEMENT DUE \$** _____

Professional leave for Certified Staff limited to 3 total days, \$800 total cost (including travel reimbursements) per year.

Principal's Recommendation

Approved _____

Not Approved _____

Date _____

Superintendent's Recommendation

Approved _____

Not Approved _____

Date _____

Receipts are required for reimbursement.

Updated 01/05/2023