

SMACKOVER-NORPHLET SCHOOL DISTRICT
TRIP REIMBURSEMENT OR REFUND REQUEST

(Submit for refund upon completion of all trips with receipts attached)

Expenses incurred on trip or on behalf of the Smackover-Norphlet School District.

NAME _____

TRIP MADE TO _____

DATE OF TRIP _____

PURPOSE OF TRIP _____

EXPENSE SUMMARY

1. Transportation _____ miles at 45 cents per mile -----\$ _____
Plane, train, bus, etc., cost of ticket (Attach stubs) -----\$ _____
2. Meals: Breakfast: \$_____, Lunch: \$_____, Dinner: \$_____,
TOTAL \$ _____
3. Hotel Bill (Attach Paid Receipt) -----\$ _____
4. Registration Fee (Attach Receipt) -----\$ _____
5. Other – List _____ \$ _____
6. Refund -----

TOTAL SPENT -----\$ _____

MINUS TRAVEL ADVANCE (if received)-----\$ _____

TOTAL DUE (or)-----\$ _____

TOTAL TO BE REFUNDED -----\$ _____

Signed _____ Date _____

Approved _____
Principal

Approved _____
Superintendent

NOTE: To be forwarded through Principal to Superintendent's office as soon as trip is completed.