

 Prairie City School District

 P.O. Box 345 ● 740 Overholt Street ● Prairie City, Oregon 97869 ● (541) 820-3314

**Financial Reimbursement Request Form**

**Name:**   **Date:**

**Name of Conference/Activity:**

**Date of Activity:**

**Reimbursement Request**

Location:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mileage Miles Traveled \_\_\_\_\_\_\_\_\_\_\_\_\_ (miles traveled x $0.58)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meals $6.00/breakfast=\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $7.00/Lunch=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $12.00/Dinner=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lodging (attach receipts)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Fees (attach receipts)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchased Items \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Receipts attached)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total reimbursement requested

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Less advance payment

TOTAL EXPENDITURE REQUEST $\_\_\_\_\_\_\_\_\_\_

I certify that this claim is true and correct; that no part thereof has been heretofore claimed or will be claimed from any other source.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature of Employee* Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature of Superintendent* Date**

**Charge to Account\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_ Disapproved**

**(Reimbursement Requests will not be approved unless the proper receipts and documentation is attached)**