REQUEST FOR REIMBURSEMENT FOLLOWING APPROVED ATTENDANCE

PROFESSIONAL OR EDUCATIONAL MEETING

Name : _____ Building: _____

Home Address: _____

ATTACH WHITE COPY OF APPROVED REQUEST TO ATTEND PROFESSIONAL OR EDUCATIONAL MEETING

Complete and attach all ITEMIZED, ORIGINAL receipts. Submit to immediate supervisor. _____

Supervisor approval

(1) **MEALS/LODGING:** (Total Reimbursement for meals may not exceed $25, excluding tips, per day. Itemized receipts for meals and an itemized hotel bill must be retained and filed with this form. ***No reimbursement will be made without itemized receipts . Employee meals only. No alcoholic beverages.***

Date	Meals B	L	D	Daily total for Meals	Lodging per day
				$ 0.00	
				$ 0.00	
				$ 0.00	
				$ 0.00	
				$ 0.00	
				$ 0.00	
				$ 0.00	
				$ 0.00	$ 0.00

(2) TRANSPORTATION:

Personal Vehicle > If you traveled by personal vehicle, you will be reimbursed at the IRS Standard Rate per mile in effect on the day of travel. (Note:The current IRS standard rate is listed on the District's webpage at www.lewistonschools.net/business-office/accounts-payable/)

If by personal vehicle:

	Mileage
	IRS standard rate (see note above)
$ 0.00	TOTAL

Air Travel > If you traveled by air and paid for the ticket yourself, please attach a copy of the ticket. _____

(3) OTHER:

a) Registration fees (if paid personally and not by District PO) _____

b) Miscellaneous (tips, cabs, etc.) Please list:

Total Miscellaneous	$ 0.00

TOTAL REIMBURSEMENT CLAIM: **$** 0.00

I hereby certify that the expenditures reported herein are the actual amounts paid by me

Signature of Traveler _____ Date _____

Director of Business Services _____