

Mercer County School District #404

REIMBURSEMENT REQUEST FORM

(This form is to be completed for reimbursement of pre-approved supplies purchased and/or expenses paid after pre-approved professional leave and/or travel.)

Staff Name: _____

REIMBURSEMENT REQUESTED FOR:

Miscellaneous Supply Expenses*: = \$ _____*
with attached receipt(s)

Transportation:
Total Mileage _____ X _____ = \$ _____
(IRS rate)

Meal Expense:
Number of Meals _____ X \$15 = \$ _____
(up to \$15.00 per meal with attached receipt(s))

Hotel Expense: = \$ _____
with attached receipt(s)

Date of meeting(s) (if applicable): _____

Name & location of meeting(s), workshop(s) or conference(s) and/or travel explanation (if applicable):

TOTAL REIMBURSEMENT AMOUNT = \$ _____

*budget information and/or additional explanation:

SUBMIT EXPENSES MONTHLY.
REIMBURSEMENT PAID AFTER MONTHLY BOARD MEETING APPROVAL.
Requests must be within 90 days and in current fiscal year.

Principal signature

Superintendent Signature