Reimbursement Form

Pay Period	
From:	
To:	

Purpose: _____

Employee Name: _____ Department: _____

Make Check Payable to: _____ Manager: _____

Date	Description	Mileage (In Miles)	Lodging	Air & Trans.	Meals* & Tips	Other	Total
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
							$ -
		0.00	0.00	0.00	0.00	0.00	

Note: Current IRS Mileage reimbursement = $ 0.545

Total Reimbursement = $ -

(If submitting for Member Professional Development maximum annual amount allowed per district is $2500.00)

Meals* Per Diem:

Breakfast: $10.50 maximum including tip

Lunch: $17.00 maximum including tip

Dinner: $28.50 maximum including tip

*** Don't forget to attach receipts ***

___ Executive Committee Reimbursement

___ Professional Development

Itemized Expenses or Description for "Other"

Date	Description	Amount

Submitted By Date

Authorized By Date

Revised 1/22/18