



# Reimbursement Form

Purpose: \_\_\_\_\_

Pay Period	
From:	_____
To:	_____

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Manager: \_\_\_\_\_

Date	Description	Air & Trans.	Lodging	Fuel / Mileage	Meals* & Tips	Other	Total
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
		0.00	0.00	0.00	0.00	0.00	-
<b>Total Reimbursement</b>							<b>\$ -</b>

Note: IRS Mileage reimbursement = \$0.575/mile

(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** \_\_\_\_\_