

LOUDONVILLE-PERRYSVILLE EXEMPTED VILLAGE SCHOOLS

REQUEST FOR REIMBURSEMENT

Name: _____ School: _____

1. Extra Curricular Activities

Name of Activity: _____

Amount of Reimbursement: _____

2. Conference or Workshop

Name of Conference: _____ Dates: _____

Location of Conference: _____

REIMBURSEMENT

Registration: \$ _____ (attach receipt)

Meals: \$ _____ (attach receipt)

Meals for overnight travel will be reimbursed via a budgetary check.

Meals for day travel will be reimbursed via payroll.

Travel: \$ _____ (62.5 cents/mile for auto)

From: _____ To: _____

Total Miles: _____

Lodging: \$ _____ (attach receipt)

Other (specify) _____

Total Reimbursement requested: _____

Signature of Employee _____ date _____

Signature of Principal _____ date _____

Signature of Superintendent _____ date _____

NOTES: MUST ATTACH CONFIRMATION OF ATTENDING MEETING. (I.E. AGENDA, LITERATURE, NOTES PERTAINING TO MEETING)

REIMBURSEMENT CUT-OFF WILL BE FIVE (5) WORKDAYS AFTER RETURN.