

LOUDONVILLE-PERRYSVILLE EXEMPTED VILLAGE SCHOOLS

REQUEST FOR REIMBURSEMENT

Name: \_\_\_\_\_ School: \_\_\_\_\_

1. Extra Curricular Activities

Name of Activity: \_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_

2. Conference of 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: \$ \_\_\_\_\_ (58 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.***