

**PIKE ROAD SCHOOLS  
EXPENSE REIMBURSEMENT REQUEST FORM**

**SUMMARY**

Name: \_\_\_\_\_ SCHOOL : \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**ALLOWABLE EXPENSES**

**Conference Fee:** \_\_\_\_\_ [attach invoice or receipt]      **Lodging:** \_\_\_\_\_ [original itemized invoice]

**Coach Airline Tickets:** \_\_\_\_\_ [original itemized invoice]      **Personal Vehicle Mileage:** \_\_\_\_\_  
begin odometer      end odometer

**Parking and Toll Fees:** \_\_\_\_\_ [attached dated receipts]      \_\_\_\_\_ @ \$.655 \_\_\_\_\_  
number of miles      Total mileage amount

**Ground Transport Fees:** \_\_\_\_\_ [attached dated or hand receipts]

**Other Expenses:** \_\_\_\_\_ [dated receipts]      **Baggage Handling Fees:** \_\_\_\_\_ [attached receipts]

**Meal Expenses:**      **In State Travel - REFER TO LEAVE REQUEST FORM FOR DETAILS**      **Out of State Travel - REFER TO LEAVE REQUEST FORM FOR DETAILS**

Date	Breakfast		Lunch		Dinner		Daily Totals
	Location	Amount	Location	Amount	Location	Amount	

\_\_\_\_\_ Daily Travel Outside City Limits -- Destination      \_\_\_\_\_ Justification      **Total Allowable Expenses** \_\_\_\_\_

I certify the above is correct and due for services and/or travel reimbursement.      \_\_\_\_\_  
 Applicant's Signature

G/L Account:													Amount				
	-		-		-		-		-		-						
	-		-		-		-		-		-						

**Approved for Payment:**

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Principal/Department Head Signature      Date      Superintendent Signature [if applicable]      Date