

**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] _____ @ \$.625 _____
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