

**BESSEMER CITY BOARD OF EDUCATION  
CLAIM FOR REIMBURSEMENT**

*(Please print or type)*

NAME \_\_\_\_\_  
 SCHOOL/DEPT. \_\_\_\_\_  
 POSITION/TITLE \_\_\_\_\_  
 PROFESSIONAL DEV. \_\_\_\_\_  
 DATE(S) \_\_\_\_\_

Please complete the checklist. Reimbursements **will not** be processed without all boxes checked.

<input type="checkbox"/>	Immediate Supervisor's Signature
<input type="checkbox"/>	GL # is on the reimbursement form
<input type="checkbox"/>	Approved Leave Form
<input type="checkbox"/>	Google Map (showing mileage)
<input type="checkbox"/>	Agenda from the Professional Development
<input type="checkbox"/>	Original Receipts (taped to a sheet of paper in order by date)

**Transportation Expenses**

From \_\_\_\_\_  
 To \_\_\_\_\_ and return  
 one way miles \_\_\_\_\_ round trip miles \_\_\_\_\_ at .655 cents per mile  
 Air Fare Cost \_\_\_\_\_

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**Daily Expenses**

Date	Lodging	Breakfast	Lunch	Dinner	Total

**Total daily expenses = \$** \_\_\_\_\_

**Other Expenses (itemized)**

Amount(s)

Other Expenses (itemized)	Amount(s)

**Total other expenses = \$** \_\_\_\_\_

**Prior Expenses Paid Directly by The Board**

Registration = \$ \_\_\_\_\_  
 Hotel = \$ \_\_\_\_\_

**Grand Total Expenses to be reimbursed**

\$ \_\_\_\_\_

*I certify that the above is a **TRUE** and **ACCURATE** account of my expenses and will not be reimbursed by any other source.*

Employee Signature \_\_\_\_\_ Federal Programs Director Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ CSFO or Superintendent Approval \_\_\_\_\_

**\*\*\*\*\* RECEIPTS FOR EXPENSES MUST BE PROVIDED \*\*\*\*\***

**For Central Office Use Only**

Fund Type	Account Type	Account Code	Object Code	Cost Center	Fund Source	Approp Year	Program Code	Special Use	Amount
XX	X	XXXX	XXX	XXXX	XXXX	X	XXXX	XXXX	