

FORREST CITY SCHOOL DISTRICT #7

Request for Reimbursement

Please make sure you have Pre-Approval before purchasing &/or requesting a reimbursement

***EXPENSES: (Must Attach Itemized Receipts for Reimbursement)**

Meals: (number) _____ (Receipts required) \$ _____

Note: alcoholic beverages will not be reimbursed.

Amount not to exceed \$35 per day in-state rate

Lodging: _____ \$ _____

(attach copy of hotel/motel bill if you stayed overnight, even if direct billed)

Check if Direct Billed
or if not reimbursable

City/Town Name: _____

Auto/Other:(driver or rider & with whom)_____

Mileage _____ miles @ .42** cents per mile = \$ _____

Gas: Note: cannot get paid for mileage & gas (choose one) \$ _____

Air Travel: (airline name) _____ \$ _____

Taxi/shuttle/etc.: _____ \$ _____

Other: (explain) _____ \$ _____

Other: (explain) _____ \$ _____

Total to be reimbursed _____ \$ _____

DATES

*From: _____ To: _____
Month Day Year Month Day Year

*Trip Description/Name: _____
(Attach 1 page of Workshop, Conference, Meeting, etc. information to this form)

*Printed Name of Reimbursement Requestor _____ Date _____

*Signature of Reimbursement Requestor _____ Date _____

*Approved By Signature _____ Date _____
Principal/Budget Overseer

*Charge To: _____
(Example: Prof. Dev, NSLA, ALE, School, Grant Name, Athletics Area, Title I, Sp. Svcs., Etc.)

Note: Do Not Charge alcohol, movies, personal/long distance calls, etc. to your room's Direct Billing; this is for lodging and meals only. Please pay for those extras yourself before leaving the hotel/motel either by cash, check, or credit card so that those expenses are not shown due on the invoice when we receive it.

*** Must be Completed**

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Administration Office Use Only

Approved By Superintendent: _____ Date _____

OR

Approved By Supt. Designee: _____ Date _____

Date