## **REIMBURSEMENTS ARE DUE WITHIN 10 DAYS OF RETURN**

- Form <u>must</u> be typed or written in ink (pencil copies will <u>not</u> be accepted)
- Workshop/meeting agendas must be attached
- Printed directions from duty station to event site <u>must</u> be attached
- Original receipts for hotel, parking, registration fees, etc. are required

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	Direc	ctor of F				 Date 	
te	Time oj	-	inance's S	Signature			
		f Depart		Director of Finance's Signature			
	Time of	Time of Departure:			AM	РМ	
	Time of I			Return:		PM	
						Total	
-		ount Ent	ered in Al	oove	1		
nanne	r required	l by the S	ichool Bud	get and Fisca	l Contro	ol Act.	
1	nanne					Required & Amount Entered in Above	

DATE	FROM/TO	PURPOSE	# OF MILES
		Total Miles Traveled	
Effective 1/1/2025	5		

Total number of miles	* .70 (current mileage rate) =Total Reimbursement \$
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