

Balance: _____

Vendor #: _____

**ASHDOWN PUBLIC SCHOOLS
REQUEST FOR REIMBURSEMENT**

I request reimbursement for expenses claimed below for the purpose of:

****This is required:** (*REASON: Class Supplies/Trip/Meeting, etc. Include dates*)

1. **TRAVEL** (.40 cents per mile x _____) \$ _____

MapQuest sheet must be attached

2. **MEALS** (No. of Meals _____) \$ _____

(Maximum allowed per day: \$30.00, itemized receipts required)

Day trip meals are not reimbursable per IRS

3. **LODGING** (No. of Nights _____) \$ _____

4. **FEES** (Purpose _____) \$ _____

5. **OTHER** _____ \$ _____

TOTAL \$ _____

DATE: _____

Supervisor's Signature

Superintendent's Signature

Employee's Signature

****Attach "ALL" itemized receipts, Agenda/Itinerary and MapQuest used to verify this reimbursement****