

## REQUEST FOR REIMBURSEMENT

**ALL REIMBURSEMENTS MUST BE SUBMITTED ON A MONTHLY BASIS**

Vendor #: \_\_\_\_\_

Date: \_\_\_\_\_

Invoice #: REIMB .

DESCRIPTION	AMOUNT
<b>Seminars/ Meetings – Etc:</b>	
Mileage: # _____ X      \$.625    City    7/1/22 thru 6/30/23 \$.59     School 7/1/22 thru 8/31/22 \$.625     School 9/1/22 thru 6/30/23	
Destination – Submit copy of conference flyer: MMA 2023 Conference Hotel	
Parking/Tolls:	
Registration Fees/Membership	
Meals - Detailed Receipts required:	
<b><u>REASON:</u></b>	
<b>Outside Services Rendered (Tutoring – Field Trips – etc:)</b>	
<b><u>REASON:</u></b>	
<b>Other</b>	
<b><u>REASON:</u></b>	
<b>TOTAL AMOUNT DUE</b>	

Department Head Signature: \_\_\_\_\_

**ALL RECEIPTS, TAPES, MILEAGE SHEETS ETC., ARE TO BE ATTACHED TO THIS FORM FOR REIMBURSEMENT. WE WILL NOT REIMBURSE SALES TAX!**