

**REIMBURSEMENT**  
OF EXPENSE FOR PROFESSIONAL ACTIVITIES

Name \_\_\_\_\_ Date \_\_\_\_\_

PO# \_\_\_\_\_

**TO: Perry Board of Education**

**Title of Meeting Attending:** \_\_\_\_\_

**\*Attach summary of meeting\***

**Where:** \_\_\_\_\_

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

**Travel**            \$ \_\_\_\_\_ (miles) @ 30 cents per mile or amount  
of carrier ticket.

\_\_\_\_\_ Method of travel - if more than one person attended  
a meeting, they are expected to travel together.  
Mileage allowance will be for only one person.

**Parking**            \_\_\_\_\_ This must be documented.

**Room**                \_\_\_\_\_ Paid hotel or motel bill must be furnished.

**Meals**                \_\_\_\_\_ \$19.00 per day, maximum including banquets.

**Restaurant receipts must be included, not card  
slips, if you expect to be paid. Tax and tips  
cannot be included.**

**Registration**

**Fees**                \_\_\_\_\_ Includes Meals        Yes [  ]    No [  ]

**Miscellaneous** \_\_\_\_\_ This must be documented.

\_\_\_\_\_ \$ \_\_\_\_\_ **Total Amount Requested**

\_\_\_\_\_  
Signature