

REIMBURSEMENT
OF EXPENSE FOR PROFESSIONAL ACTIVITIES

Name _____ Date _____

PO# _____

TO: Perry Board of Education

Title of Meeting Attended: _____

Where: _____

Date of Meeting: _____

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

Parking _____ This must be documented with a receipt.

Room _____ Paid hotel or motel bill must be furnished.

Meals _____ \$19.00 per day, maximum including banquets.
Itemized restaurant receipts must be included, not credit card slips. Tax and tip cannot be included. Reimbursement applies to overnight trips only.

Registration Fee _____ Included meals Yes () No ()

Miscellaneous _____ This must be documented with a receipt.

\$ _____ **TOTAL AMOUNT REQUESTED**

Signature

Building