



## EXPENSE REIMBURSEMENT REQUEST

Name \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Approved Professional Development Activity \_\_\_\_\_

Breakfast—Location	Date	Receipt Total	IRS Allowable	Requested Reimbursement*
			\$11.00	
			\$11.00	
			\$11.00	
			\$11.00	
Lunch—Location	Date	Receipt Total	IRS Allowable	Requested Reimbursement*
			\$14.00	
			\$14.00	
			\$14.00	
			\$14.00	
Dinner—Location	Date	Receipt Total	IRS Allowable	Requested Reimbursement*
			\$21.00	
			\$21.00	
			\$21.00	
			\$21.00	
Total Meal Reimbursement Request				
Transportation or Lodging	Date	Receipt Total		Requested Reimbursement*
Total Travel Reimbursement Request				

- Reimbursement amount for each receipt **may not exceed the IRS allowable limit.**
- \*\* If a personal credit card is used for any purchase, a copy of credit card statement must accompany reimbursement request.

**INSTRUCTIONS:**

1. Sign and Date EACH receipt
2. To be eligible for reimbursement the receipt must be printed with the name of employee, restaurant, transportation or lodging provider and date of visit.
3. Food must be itemized and labeled as “food” or list specific food items on receipt.
4. The district does NOT reimburse for gratuities or alcoholic beverages.

Paid from Fund \_\_\_\_\_ Administrative Approval of Expenses \_\_\_\_\_