

**BREITUNG TOWNSHIP SCHOOLS
REIMBURSEMENT REQUEST FORM**

Name: _____ Date of Conference: _____

Destination: _____

Purpose (**BE SPECIFIC**) _____

COMMERCIAL TRANSPORTATION:

Check if paid by or billed to District

Paid by individual **ATTACH RECEIPTS** \$ _____

PRIVATE TRANSPORTATION:

Drove own car: _____ miles @ \$0.585/mile \$ _____

(Use highway map for Michigan car travel)

Name of others who accompanied me in my car: _____

Rode in the car of _____

Tools and parking: \$ _____

Lodging expenses: (**DETAILED RECEIPT REQUIRED**) \$ _____

Per Diem meal payment (fill in boxes below): \$ _____

DATES:					
\$5.00 (breakfast)					
\$8.00 (lunch)					
\$17.00 (supper)					

Conference registration **EXCLUDE MEMBERSHIP DUES ATTACH RECEIPTS** \$ _____

Other approved expense (**Itemize Below**) **ATTACH RECEIPTS** \$ _____

REQUEST FOR REIMBURSEMENT

Submitted in compliance with all District policies \$ _____ (A)

\$80.00 stipend for non-school days (travel days not included) Payroll Dept. will process \$ _____ (B)

GRAND TOTAL OF EXPENSES (A + B) \$ _____

Date submitted _____ Printed name _____

Employee's signature _____

School building or address _____

APPROVAL:	Amount of Reimbursement Authorized (A)	\$ _____
Date _____	Principal _____	
Date _____	Business Office _____	
Account Number _____		