

Application for Reimbursement

(see contract for maximum amounts)

To: Treasurer of Board of Education
Harrison Hills City School District

Itemized account of expenses incurred while attending Professional Meeting (Conventions, Workshops, Conferences, Clinics, etc.)

Employee Name: _____

Name of Professional Meeting: _____

Type of meeting: _____ Day Meeting _____ Overnight Stay for Meeting

Location Held: _____

Date(s) of Meeting: _____

Registration Fee (original receipt attached): \$ _____

Transportation by automobile _____ miles X .5 Fd \$ _____

Complete the following only if this was a day meeting: \$ _____

Those in attendance: _____

List at least one other person
in attendance

Topic of discussion: _____

Hotel: _____ nights X \$ _____ \$ _____

Other: Please list - _____ \$ _____

Total: \$ _____

Itemized bills/receipts for these expenses are attached as required for consideration.

Signature of Employee Date

Approval: _____

Signature of Superintendent Date

Account Code: _____