

**Miami Trace Local School District
FY 2019
Reimbursement Request for Professional Meeting**

Name: _____

Building: _____

Meeting Attended: _____

Dates: _____

Location: _____

Purchase Order Number: _____

Summary of Expenses		
Lodging		\$
Meals		
Maximum: Brkfst \$10; Lunch \$15; Dinner \$20		\$
This amount will be added to your W2 at year end		
Registration		\$
(if not paid in advance)		
Travel	_____ Miles 54.5 cents per mile	\$
Parking Expense		\$
Miscellaneous: Books, supplies, etc.		\$
Total		\$

Original receipts must be attached to request for reimbursement (detailed receipts, not summary receipts, when using charge cards).

Date: _____

Signature: _____

Approved By: _____ (revised 8/1/18)

(The reimbursement request form is also available to print off from your kiosk entry with all pertinent information already filled in.)