

BUCKEYE LOCAL SCHOOL DISTRICT
REQUEST FOR REIMBURSEMENT OF EXPENSES

1. Name: _____
Address: _____

2. Reason for Expenses: _____

3. Date(s) of Meeting: _____

4. Place of Meeting: _____

5. Expenses: (Receipts Must be Attached for Reimbursement)

A. Registration* (Not to exceed \$50.00) \$ _____

B. Transportation (IRS rate per mile) \$ _____

C. Meals* (Not to exceed \$22.50 per day) \$ _____

D. Lodging* - (No. of Nights _____) \$ _____
(Not to exceed \$40.00 per night may include
2 nights at \$40 per night for 3 day meeting
where one night is a Sat. or Sun.)

E. Parking \$ _____

TOTAL REIMBURSEMENT REQUESTED \$ _____

6. Expenses will be Paid:

- _____ By the Board
- _____ By the Athletic Department
- _____ Other (Specify _____)

7. A written review of the meeting attended, on the appropriate form, must be attached.

Employee Signature

Principal's Signature

_____ Approved _____
Superintendent's Signature

***Actual expenses will be reimbursed in full for attendance at meetings which you have been sent to at the request of the District.**

