



Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Site: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Conference Title: \_\_\_\_\_ Conference Date(s): \_\_\_\_\_

A copy of completed preconference form must accompany each reimbursement request.

BUDGET NUMBER(S):

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

EXPENSES	REIMBURSEMENT REQUEST
Registration Fees:	\$ _____
Airfare	\$ _____
Lodging (single occupancy rate _____ x _____ nights)	\$ _____
Rental Car (prepaid fueling & insurance not reimbursable)	\$ _____
Mileage Reimbursement (Personal Car) .10 x _____ Miles IRS Rate – Prior approval required _____ IRS rate x \$_____miles	\$ _____
Other: (parking, public transportation, tolls, etc.)	\$ _____

MEALS	DATES	DOLLAR AMOUNTS (receipts must be attached) TIPS ARE NOT REIMBURSABLE
Breakfast (without tips)		\$ _____
Lunch (without tips)		\$ _____
Dinner (without tips)		\$ _____

Board Policy AR 3350(b) Reimbursement Rates per day are: Breakfast \$7.00, Lunch \$11.00, Dinner \$23.00

Please sign in blue ink. All receipts and preauthorization form must be attached for reimbursement to be approved.

Employee Signature \_\_\_\_\_

\_\_\_\_\_ Date

Principal Authorization \_\_\_\_\_

\_\_\_\_\_ Date

TOTAL REIMBURSEMENT

\$ \_\_\_\_\_

District office use: \_\_\_\_\_

Authorized signature/date

Vendor #

PV #

RUSD 01/25/17