

CHELSEA PUBLIC SCHOOLS REQUEST FOR REIMBURSEMENT

NAME: _____

		DESTINATION							
DATE	PURPOSE	TO	FROM	MILES	AMOUNT	LODGING	MEALS	OTHER	TOTAL
/ /				X .44					
/ /				X .44					
/ /				X .44					
/ /				X .44					
/ /				X .44					
/ /				X .44					
/ /				X .44					
/ /				X .44					
/ /				X .44					
TOTAL									

****OTHER EXPENSES MUST BE ITEMIZED IN DETAIL**

DATE	DESCRIPTION	COST
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
TOTAL		

PO # _____

SIGNATURE _____

APPROVED _____ DISAPPROVED _____

SUPERINTENDENT

INSTRUCTIONS

- 1) *IF MORE THAN ONE PERSON ATE ON ANY ONE TICKET PLEASE LIST DATE, TOTAL AMOUNT OF THE TICKET, AND THE NAMES OF EACH ONE IN THE COMMENTS SECTION
- 2) DO NOT INCLUDE TIPS IN THE AMOUNT FOR REIMBURSEMENT
- 3) ALL AMOUNTS FOR REIMBURSEMENT MUST BE DOCUMENTED BY DETAILED RECEIPTS
- 3) ALL AMOUNTS FOR REIMBURSEMENT MUST BE DOCUMENTED BY DETAILED
- 4) A PRE-APPROVED PURCHASE ORDER MUST BE ON FILE IN THE CENTRAL OFFICE PRIOR TO THE DATE OF EXPENSES
- 5) ATTACH A COPY OF THE APPROVED PO AND ALL RECEIPTS TO THIS FORM

COMMENTS
