

2023 - 2024

**IMLAY CITY COMMUNITY SCHOOLS**

*Professional Meeting/Reimbursement Request Form*

Employee's Name \_\_\_\_\_ Position \_\_\_\_\_

Home Address \_\_\_\_\_

Building \_\_\_\_\_ Date \_\_\_\_\_

Date(s) and location  
of meeting/visitation \_\_\_\_\_

**ACTUAL EXPENSES**

Mileage: \_\_\_\_\_ miles @ \_\_\_\_\_ /mile \$ \_\_\_\_\_

*(Note: Mileage is to be figured with the school district as the starting point unless otherwise noted)*

Plane, bus, train, and/or taxi fares \$ \_\_\_\_\_

Registration fees *(Paid in advance by district)*

Meals

\$5.00 Breakfast \$ \_\_\_\_\_

\$7.00 Lunch \$ \_\_\_\_\_

\$12.00 Dinner \$ \_\_\_\_\_

*(total meals)-* \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

*(only for locations beyond 75 miles from the District. The Superintendent may approve exceptions)*

**TOTAL ACTUAL EXPENSES** \$ \_\_\_\_\_

Allowable Expenses- *(for office use only)* \$ \_\_\_\_\_

Charge to Code # \_\_\_\_\_ **Approval** \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Recommendation \_\_\_\_\_ Date \_\_\_\_\_

**Itemized bills and/or receipts must be attached before reimbursement can be made. Credit card receipts must show what items were purchased. Cancelled checks cannot be accepted as receipts.**