

HOWE PUBLIC SCHOOLS TRAVEL REIMBURSEMENT FORM

Name _____ Date _____

Title/Purpose of Meeting _____

Location of Meeting _____

Date/Time of Departure _____ Date/Time of Return _____

Round Trip Mileage _____ x .35.....\$ _____

Toll Fees.....\$ _____

Conference Registration.....\$ _____

Motel Name _____

Motel Cost per night \$ _____ x _____ (# of nights).....\$ _____

Other (fax, copies, etc.).....\$ _____

Date	Meals (3 maximum)	Restaurant	City	Amount
	Day 1 Breakfast			
	Lunch			
	Dinner			
	Day 2 Breakfast			
	Lunch			
	Dinner			
	Day 3 Breakfast			
	Lunch			
	Dinner			
	Day 4 Breakfast			
	Lunch			
	Dinner			
	Day 5 Breakfast			
	Lunch			
	Dinner			
Meal Total				
Grand Total of Reimbursement				

Employee Signature

Date

Principal/Athletic Dir./Supervisor

Date

Superintendent

Date

Each reimbursement request must include all signed meal, toll, and motel receipts