

Application for Reimbursement

(see contract for maximum amounts)

To: Treasurer of Board of Education
Harrison Hills City School District

Itemized account of expenses incurred while attending Professional Meetings

(Conventions, Workshops, Conferences, Clinics, etc.)

Name: _____

Name of Professional Meeting: _____

Location Held: _____

Dates and days of week: _____

Registration Fee (original bill must be attached) \$ _____

Transportation by automobile _____ miles x .555 \$ _____

Food \$ _____

Hotel _____ nights x \$ _____ \$ _____

Other (Please List) \$ _____

Total \$ _____

Itemized bills/receipts for these expenses are attached as required for consideration.

Signature of Teacher employee Date

Approval:

Signature of Superintendent Date

Code Account:
