

EXPENSE REIMBURSEMENT REQUEST

PAY TO: _____

DATE: _____

SCHOOL: _____

POSITION: _____

TUITION REIMBURSEMENT

INSTITUTION	COURSE NUMBER	COURSE TITLE	SEMESTER HOUR

OF HOURS _____ X _____ \$75.00 PER HOUR

TOTAL TUITION EXPENSE: \$0.00

ACCOUNT NO. _____ Do not fill this in

CERTIFIED STAFF - Submit completed form, sealed transcript and proof of payment to HR.

CLASSIFIED STAFF - Submit completed form and proof of payment to HR.

MATERIALS/HONORARIUM REIMBURSEMENT

Description/Purpose	AMOUNT

TOTAL MATERIALS / HONORARIUM EXPENSE: \$0.00

ACCOUNT NO. _____

TRAVEL REIMBURSEMENT

CONFERENCE / EVENT: _____

DATE(S): _____ CITY & STATE: _____

MILEAGE:

TRAVELED FROM CITY AND STATE	NUMBER OF MILES	RATE PER MILE	AMOUNT
		\$0.0545	\$0.00

OTHER TRAVEL EXPENSE: (MEALS, PARKING, TRANSPORTATION)

Description/Purpose	AMOUNT

ACCOMMODATIONS:

Hotel Name, City and State	Check In	Check Out	AMOUNT

TOTAL TRAVEL EXPENSE: \$0.00

ACCOUNT NO. _____

Attach all ITEMIZED RECEIPTS

Submitted by: _____

Approved by: _____