

HOUSTON COUNTY BOARD OF EDUCATION
REIMBURSEMENT REQUEST

TEACHER: _____ GRADE/SUBJECT: _____

TEACHER'S ADDRESS: _____

SCHOOL: _____ ACTIVITY DATE(S): _____

NAME OF ACTIVITY: _____

ACTIVITY LOCATION: _____

REGISTRATION FEES: \$ _____ Previously paid by the Board.

SUBSTITUTE TEACHER(S) USED: _____ YES _____ NO (If yes; how many days total? _____)

TOTAL LODGING COST: \$ _____ Previously paid by the Board.

MEALS*: Number of days in activity: _____ x \$40.00 = TOTAL MEALS COST: \$ _____

**Meals are reimbursed at a flat rate of \$40 per day. No receipts required.*

MILEAGE: Total Miles: _____ x \$0.625 = TOTAL MILEAGE COST: \$ _____

OTHER EXPENSE(S)** (Explain): _____ AMOUNT: \$ _____

***Must attach receipt(s).*

CHECKLIST (all must be checked)

- Prior Approval Request was submitted and approved.
- Verification of attendance is attached (certificate, agenda, handout, nametag, etc.).
- All applicable original receipts are attached.
- Reimbursement Request is being submitted within three (3) business days upon return from the activity.

TEACHER SIGNATURE: _____ DATE: _____

---CENTRAL OFFICE USE ONLY---

FEES: \$ _____

LODGING: \$ _____

MEALS: \$ _____

MILEAGE: \$ _____

OTHER: \$ _____

TOTAL REIMBURSEMENT: \$ _____

_____ GENERAL PURPOSE

_____ FEDERAL FUNDS

IDEA TITLE I TITLE II TITLE V PERKINS OTHER: _____

APPROVED BY: _____ DATE: _____