

PO # _____

COVINGTON INDEPENDENT PUBLIC SCHOOLS

25 EAST SEVENTH STREET

COVINGTON, KY 41011

NON-DISTRICT EMPLOYEE REQUEST FOR REIMBURSEMENT

(COMPLETE & RETURN TO COVINGTON BOE TITLE 1 DEPARTMENT – ATTN: DAVANA HERRON)

This is to request reimbursement of expenses incurred while at _____

Beginning on _____ and Ending on _____

Expenses for which reimbursement is requested:

Mileage: _____ # of miles _____ @ 58.5 cents/mile \$ _____
(city & state)

Other Transportation: \$ _____

Meals are only reimbursed from restaurants & when an overnight stay is required. You must turn in a detailed receipt (CREDIT CARD RECEIPTS WILL NOT BE ACCEPTED). We also are not permitted to refund sales tax. Number of overnight stays _____ \$ _____

Room: # of nights _____ @ \$ _____ \$ _____

Registration Fee: \$ _____

Miscellaneous Expenses (other tips, parking, etc. – please list & attach receipts)
_____ \$ _____

TOTAL ESTIMATED EXPENSES \$ _____

PRINT STAFF NAME

HOME ADDRESS

CONTACT PHONE NUMBER

SIGNATURE OF STAFF MEMBER

DATE

SIGNATURE OF PRINCIPAL/SUPERVISOR

DATE

COVINGTON BOE – ASSISTANT SUPERINTENDENT SIGNATURE

DATE