

March 2023

Conference Report Attached \_\_\_\_

**BREITUNG TOWNSHIP SCHOOLS  
REIMBURSEMENT REQUEST FORM**

Name: \_\_\_\_\_ Date of Conference: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose (**BE SPECIFIC**) \_\_\_\_\_

**COMMERCIAL TRANSPORTATION:**

Check if paid by or billed to District

Paid by individual **ATTACH RECEIPTS** \$ \_\_\_\_\_

**PRIVATE TRANSPORTATION:**

Drove own car: \_\_\_\_\_ miles @ \$0.655/mile \$ \_\_\_\_\_

(Use highway map for Michigan car travel)

Name of others who accompanied me in my car: \_\_\_\_\_

Rode in the car of \_\_\_\_\_

Tools and parking: \$ \_\_\_\_\_

Lodging expenses: (**DETAILED RECEIPT REQUIRED**) \$ \_\_\_\_\_

Per Diem meal payment (fill in boxes below): \$ \_\_\_\_\_

<b>DATES:</b>					
\$5.00 (breakfast)					
\$8.00 (lunch)					
\$17.00 (supper)					

Conference registration **EXCLUDE MEMBERSHIP DUES ATTACH RECEIPTS** \$ \_\_\_\_\_

Other approved expense (**Itemize Below**) **ATTACH RECEIPTS** \$ \_\_\_\_\_

**REQUEST FOR REIMBURSEMENT**

Submitted in compliance with all District policies \$ \_\_\_\_\_ (A)

\$80.00 stipend for non-school days (travel days not included) Payroll Dept. will process \$ \_\_\_\_\_ (B)

**GRAND TOTAL OF EXPENSES (A + B)** \$ \_\_\_\_\_

Date submitted \_\_\_\_\_ Printed name \_\_\_\_\_

Employee's signature \_\_\_\_\_

School building or address \_\_\_\_\_

**APPROVAL:** Amount of Reimbursement Authorized (A) \$ \_\_\_\_\_

Date \_\_\_\_\_ Principal \_\_\_\_\_

Date \_\_\_\_\_ Business Office \_\_\_\_\_

Account Number \_\_\_\_\_