



MICHIGAN CITY AREA SCHOOLS
PRE-APPROVED TRAVEL REIMBURSEMENT APPLICATION -- TEACHERS

Form # 572
Rev. 8-26-13

Fill in, print out, and submit this form to the Administration Building. All documentation regarding this event (i.e. registration forms, flyer, etc.) must be attached to this form when submitting it for approval. This form requires all original signatures.

Name: _____

School: _____ Date(s) of Travel: _____

Event: _____

REIMBURSEMENT

[] FEES / REGISTRATION * - _____
amount

[] MILEAGE
Destination: City _____ State _____ One Way [] Round Trip [] Daily []

[] MEALS * - Dates _____

[] LODGING * - No. of Nights _____ Dates _____

* Receipts and appropriate event documentation must accompany Claim Voucher form for reimbursement.
When claiming mileage, the mileage log sheet with map attached must also be attached to the claim voucher.

Signature of Supervisor

Signature of Applicant

FOR OFFICE USE ONLY
FUND NAME AND NUMBER FROM WHICH REIMBURSEMENT IS TO BE MADE - _____
MILEAGE AMOUNT APPROVED:
_____ Miles @ _____ = \$ _____
Processed by _____