

**COVINGTON INDEPENDENT PUBLIC SCHOOLS  
REQUEST FOR REIMBURSEMENT  
(OVERNIGHT STAY ONLY)**

\*Send to Accounts Payable @ Central Office no later than 60 days after return.

PO # \_\_\_\_\_

This is to request reimbursement of expenses incurred while attending \_\_\_\_\_.

Beginning on \_\_\_\_\_ and Ending on \_\_\_\_\_.

Expenses for which reimbursement is requested:

Number of Overnight Stays _____	
Transportation: # Miles _____ X .67 cents/mile Other ( Plane, etc) _____ (Receipts Required)	\$
Meal Reimbursed (Only When Overnight Stay is Required) at the rate of \$50.00 Per Day (No Receipts Required)	\$
Room: Number of Nights _____ @ \$ _____ (Receipts Required)	\$
Registration Fee: (Invoice Required)	\$
Miscellaneous Expense _____ \$ _____ (Other Tips, etc.) Please List: _____ \$ _____ (Receipts Required) _____ \$ _____	\$
<b>TOTAL ESTIMATED EXPENSE</b>	<b>\$</b>

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Street Address/PO Box

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Contact's Phone Number (Required)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Principal/supervisor

\_\_\_\_\_  
DATE

## Request for Reimbursement

When returning from leave the Request for Reimbursement form should be completed within sixty (60) days:

1. Once the business trip is concluded, the employee completes this form detailing all expenditures greater than \$2.00 and attaches all appropriate receipts according to policy.
2. This form, accompanied by receipts, shall be signed by the Principal/Supervisor and forwarded to the Accounts Payable Clerk at Central Office. The Accounts Payable Clerk processes the payment for the employee and a reimbursement check is sent, within 5 business days, thru interoffice mail during the school year or to the address listed on the form during summer.
3. Any questions, please contact the Accounts Payable Clerk @ 859-392-1023.

