

**COVINGTON INDEPENDENT PUBLIC SCHOOLS
NON-PUBLIC SCHOOL EMPLOYEE
REQUEST FOR REIMBURSEMENT
(OVERNIGHT STAY ONLY)**

*Send to Davana Herron @ Covington Schools 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 Reimbursement (From restaurants only) up to \$50.00 Per Overnight Stay (Detailed receipts required)	\$ _____
Room: Number of Nights _____ @ \$ _____ (Receipts Required)	\$ _____
Registration Fee: (Invoice Required)	\$ _____
Miscellaneous Expense _____ \$ _____ (Other Tips, etc.) Please List: _____ \$ _____ (Receipts Required) _____ \$ _____	\$ _____
TOTAL ESTIMATED EXPENSE	\$ _____

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 travel 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 allowable expenditures and attaches all appropriate detailed receipts.
2. This form, accompanied by receipts, shall be signed by the Non-Public School Principal/Supervisor and forwarded to Davana Herron at Central Office. The Accounts Payable Department processes the payment for the employee and a reimbursement check is mailed to the address listed on the form.
3. Any questions, please contact the Davana Herron @ 859-392-1007.

