EXPENSE REIMBURSEMENT FORM

NAME: _____ SCHOOL: _____
ACTIVITY: _____ DATES OF ACTIVITY: _____

Course/Conference/Travel Reimbursement: Sections B-F
Approved Pre-approval form & Signed Educator IPDP & Grades/Transcript
Proof of payment – canceled check or credit card statement
ORIGINAL itemized receipts. Receipts must be for one person only
Certificate of attendance
****Per MGL Chapter 44 § 58 strictly prohibits a city or town from paying for alcohol, tobacco, or any other entertainment. If these items are included on the itemized receipts the reimbursement will NOT be processed per town hall.**

Please make ensure all sections and documents are complete.

A. Per Contract: Course: _____ Conference: _____

B. Course/Conference Name:
_____

Registration Fee $_____

C. Pre-Approved Supplies/Materials* (Include Original Receipts)

(taxes not reimbursable) $_____

D. Pre-Approved Travel Expenses*

Destination: _____

Address: _____

Odometer Reading (**Must be Completed**)
Beginning: _____Ending: _____
Mileage:_____ x .725 = $_____

Toll(s):_____receipt)
Parking Fee(s):_____ (receipt)

Transportation (include receipts)
Air Fare $_____
Car Rental $_____
Public Transportation $_____

E. Pre-Approved Meals*: _____
(tax & tip included, alcohol not included)
(Must include original itemized receipts for reimbursement)

School or Central Office Use Only:

Budget Classification: _____
Grant Project#:_____
Line Item: _____

F. Pre-Approved Lodging Expenses*

Daily rate: _____ #of Nights: ____ Subtotal:_____

Room tax:_____ Occupancy Tax:_____
Sales tax: _____ Other: _____
Subtotal: _____ **Grand Total**: _____
(personal phone calls not included)
(Must include original paid hotel receipt and copy credit card statement)

G. Send Reimbursement to:

Print Name: _____

Address: _____

_____

Signature: _____

H. Calculation for Settlement:

	YOUR USE	**OFFICE USE**	**Audited By**
$			

Total Reimbursement

APPROVAL:

Principal:_____ Date: _____

Director :_____ Date: _____

Business Manager: _____ Date: _____

Superintendent: _____ Date: _____

***Pre-Approval Form must be attached with reimbursement packet.**

Revised 1/2026