

**ROCK PORT R-II SCHOOL DISTRICT
ROCK PORT, MISSOURI**

REQUEST FOR PERSONAL REIMBURSEMENT

Pay to: _____ Date: _____

Professional Meeting (or reason for expenditure) _____

Held at: _____

Date of Meeting (or expenditure) _____

Prior Approval from Superintendent's Office: Yes _____ No _____

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<u>Itemized Expenditures</u>	<u>Totals</u>
Mileage: _____ miles @ _____ /mile	\$ _____
Fee: Type: _____	\$ _____
Meals: _____ : _____ : _____	\$ _____
_____ : _____ : _____	\$ _____
Lodging _____ nights at _____	\$ _____
Other Expense _____	\$ _____
_____	\$ _____
TOTAL REIMBURSEMENT REQUESTED	\$ _____

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Employee's Signature _____ Date: _____

Principal's Signature _____ Date: _____

Superintendent's Approval _____ Date: _____

Special Comments: _____

Code: _____

(Attach all receipts. Submit one completed form to the Superintendent's office within thirty {30} days following meeting or date of expenditure)