

CONNEAUT AREA CITY SCHOOLS
PROFESSIONAL MEETING/VISITATION REIMBURSEMENT REQUEST FORM

Name _____

School _____ Date _____

Date(s) of Meeting/Visitation: _____

Name of Meeting/Visitation: _____

Location of Meeting/Visitation: _____

Actual Expenses

Mileage: _____ miles at .585 cents per mile: \$ _____

Transportation Fares (if other than by car): \$ _____

Registration fees \$ _____

Meals (not to exceed \$25 per day) \$ _____

MUST SUBMIT ITEMIZED RECEIPT

Parking: \$ _____

Lodging: Maximum allowable amount is \$75 per day: \$ _____

TOTAL ACTUAL EXPENSES \$ _____

Employee's Signature Date

Principal's Recommendation Date

Superintendent's Approval Date

Itemized bills and/or receipts must be attached before reimbursement can be made.
Cancelled checks cannot be accepted as receipts. Sales tax is not reimbursable.

Revised 7/23/08