



EXPENSE REIMBURSEMENT FORM

FOR SKANEATELES CENTRAL SCHOOLS



NAME: _____

DATE: _____

ADDRESS: _____

POSITION: _____

I hereby request reimbursement for expenses incurred by my attendance at:

EVENT: _____ DATE(S): _____

LOCATION: _____

A summary of the (day/days) of _____ is attached.

MEALS (Please attach detailed receipts. Summary receipts will not be paid.) **AMOUNT***

<u>MEALS</u> (Please attach detailed receipts. Summary receipts will not be paid.)	<u>AMOUNT*</u>

*Amount per day for meals may not exceed \$35.00 (\$5.00 breakfast, \$10.00 lunch, \$20.00 dinner).

Request for exceptional circumstances must be made in writing and approved prior to actual expenditure.

MEALS (TOTAL FROM ABOVE) - (ATTACH RECEIPTS) \$ _____

HOTEL BILL - (ATTACH RECEIPT) \$ _____

REGISTRATION FEE - (ATTACH RECEIPT) \$ _____

MILES TRAVELED _____ @ \$.56 /mi. \$ _____

OTHER EXPENSES: Parking fees, tolls, etc. - (ATTACH RECEIPTS) \$ _____

TOTAL EXPENSES CLAIMED \$ _____

I HEREBY STATE THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____

DATE: _____

SUPERVISOR'S APPROVAL: _____

DATE: _____