



# 2026 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\***

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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 \_\_\_\_\_ @ \$ .725/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: \_\_\_\_\_