

**EDUCATIONAL SERVICE UNIT 2
Reimbursement Request**

Name: _____

Today's date: _____

Purpose of reimbursement: _____

Meeting/workshop location: _____

Date(s) attended: _____

****CONFERENCE/WORKSHOP AGENDA MUST BE ATTACHED****

Mileage \$ _____

No. of miles x Federal Rate
_____ x \$ _____

Meals \$ _____

ATTACH ORIGINAL RECEIPT

Registration \$ _____

PROOF OF ATTENDANCE OR
CONFERENCE AGENDA

Other Expenses \$ _____

ATTACH ORIGINAL RECEIPT

TOTAL EXPENSE: \$ _____

****EXTRA DUTY/TRAINING PAYMENT REQUEST****

Extra Duty/training payment request \$ _____ (Days ____/Hours @ \$ ____)

Employee Signature: _____
Employee Signature

Approved for payment: _____
Director signature

Approved for payment: _____
Administrator signature

ACCOUNT: _____
ACCOUNT: _____
APPROVED: _____
APPROVED: _____