



REQUEST FOR REIMBURSEMENT FOR TRAVEL
Linn-Mar Community School District
Marion, Iowa 52302

NAME \_\_\_\_\_ DATE \_\_\_\_\_

TYPE AND NAME OF CONFERENCE /MEETING \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE(S) \_\_\_\_\_

Table with columns: DATE, ITEMS, \*MILEAGE OR TRANSPORTATION, \*HOTEL/LODGING, \* MEALS (B, L, D), \*MISC., DAILY TOTAL. Includes a row for TOTAL EXPENSES.

COMMENTS: \_\_\_\_\_

I herewith declare that the above amount is due and unpaid for expenses incurred while on an authorized school assignment and that I am entitled to the above reimbursement.

Claimant \_\_\_\_\_ School or Department \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_
Principal/Administrator Superintendent Business Manager

CHARGE TO ACCOUNT NUMBER \_\_\_\_\_

NOTE: \* PLEASE ATTACH BILLS FOR PUBLIC TRANSPORTATION, LODGING, AND MEALS. IDENTIFY ALL MISCELLANEOUS EXPENSES AND ATTACH RECEIPTS. NO REIMBURSEMENT WITHOUT RECEIPT(S).