

REIMBURSEMENT REQUEST
Waverly-Shell Rock Community Schools

Staff Members Name: _____

Building/Department: _____

Meeting Attended: _____

Location of Meeting: _____

Date (s) Attended: _____

Prior Approval of Expenses by: _____

(Admin./Director)

Mileage: _____ x \$.40 \$ _____

Registration Fee: \$ _____

Cost of Meal(s) \$ _____

Cost of Lodging (receipt required) \$ _____

Others (specify) \$ _____

Total of Reimbursement Request \$ _____

Note of Explanation (If necessary): _____

Reimbursement Request

Approved By: _____

(Admin./Director)

(Date)