

Proviso Township High Schools District 209

Request for Reimbursement

(All original itemized receipts must be attached to this form)

Date of Request: _____ Conference Date(s): _____ School (Please select) East West PMSA District

Name: _____ Home Address: _____

City: _____ State, Zip: _____

Conference Title: _____

Location: _____ Meals Included? _____

Incurred Daily Expenses:

Month/Day/Year					
Mileage/Parking/Tolls (54.5¢ per mile)					
Meals (refer to https://www.gsa.gov/portal/content/104877 for daily rates)					
Materials/Equipment					
Total Itemized Expenses					

In order to expedite your request for reimbursement, please follow the procedures below:

1. Circle amount requesting on itemized receipt.
2. Underline date of receipt.
3. Complete daily totals in the corresponding cell.
4. Tape each daily set of reimbursements neatly to a separate sheet of paper.
5. Backup documentation is required for mileage requests. Provide a GoogleMaps/Mapquest printout of start and end points with total mileage circled.

Date: _____

Employee Signature