

MEETING ATTENDANCE REIMBURSEMENT REQUEST

School District of Janesville

Pre-Printed Number on Meeting Attendance Request: _____

Account # _____

MEETING INFORMATION:

Meeting: _____

Location: _____

Date (s) of Meeting: _____

Date: _____ Time _____ Departed Home

Date: _____ Time _____ Returned Home

PARTICIPANT INFORMATION:

Name: _____

Address: _____

Today's Date: _____

School: _____ Subject/Grade Level: _____

TRAVEL: (Travel receipts required) ONLY REQUEST RECEIPT OF PERSONAL PURCHASED TRAVEL

Travel from Janesville to _____ and return:

_____ Private Car _____ Miles @ _____ /mile not to exceed 250 miles. \$ _____

(**reimbursement rate changes annually. Current rate can be obtained from Accounts Payable)

_____ Other (explain) _____ \$ _____

(Parking, Subway, Taxi, Tolls, Train etc)

MEALS: (Receipts not required)

_____ Breakfast - \$ 11.00 (if departure before 6:00 A.M.)

_____ Lunch - \$ 12.00

_____ Dinner - \$26.00 (if return after 7:00 P.M.)

_____ All Day - \$49.00 (if departure before 6:00 A.M. and return

after 7:00 P.M. or overnight required)

\$ _____

TOTAL EXPENSE \$ _____

TOTAL APPROVED \$ _____

Participant's Signature Date _____

Principal / Coordinator Date _____

Director Date _____

BALANCE DUE \$ _____

NOTE: RECEIPTS MUST BE ATTACHED AS REQUIRED