

BLOOMINGDALE PUBLIC SCHOOLS
REQUEST FOR REIMBURSEMENT

Conference, Mileage, Miscellaneous Expenses

Date: _____
(when charges were incurred)

Name of Event: _____
*If from a conference, a copy of request form must be attached

TYPE OF CHARGES INCURRED:	Lodging _____	\$ _____
	Meals _____	\$ _____
	Mileage _____	\$ _____
	Registration _____	\$ _____
	Other Expenses _____	\$ _____

RECEIPTS MUST BE ATTACHED

Grand Total \$ _____

REQUESTED BY: _____
(please print)

BUILDING: _____

MAKE CHECK PAYABLE TO: _____

STAFF SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

ACCOUNT TO BE CHARGED _____

SUPERINTENDENT'S SIGNATURE _____ DATE _____