

PROFESSIONAL EXPENSE REIMBURSEMENT



NAME _____ DATE _____

SCHOOL _____

PURPOSE OF REIMBURSEMENT _____

DATES OF ATTENDANCE FROM _____ TO _____

LICENSURE (payment receipt and copy of licensure attached) \$ _____

TRANSPORTATION ---- e.g., plane ticket (statement attached) \$ _____

Mileage Driven From _____
to _____

TOTAL MILEAGE _____ X **(\$0.625 cents/mile)** \$ _____

Local Transportation (taxi, bus, etc.) \$ _____

Lodging (If paid for by district credit card, do not include) \$ _____

Meals (Itemized receipts must accompany voucher) \$ _____
(Total Meals)

Registration (statement attached) \$ _____

Miscellaneous --- e.g., parking (provide itemized statement) \$ _____

***IRS has adjusted the rate for mileage
driven effective July 1, 2022.**

TOTAL \$ _____

Signature

APPROVED

Superintendent Date