

ELMWOOD LOCAL SCHOOLS

Reimbursement Form

This form is to be completed when a purchase order is in your name and receipts are being returned for reimbursement for:

- **approved purchases for district**

*supplies, reward parties, etc.

- **professional leave expenses**

*lodging, food, travel, materials

Please attach all itemized receipts and professional leave form (if applicable) when submitting this form for reimbursement

Name _____ Purchase Order# _____

Complete this section when returning itemized receipts from prof leave

Meeting Name _____ Meeting Date _____

Location _____

List of Itemized Receipts Attached	Amount on Receipt to be Paid
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL RECEIPT(S) AMOUNT: \$ _____

TRAVEL REIMBURSEMENT (total miles) _____ x \$.67 \$ _____
(eff 1/1/24)

TOTAL AMOUNT OF REIMBURSEMENT: \$ _____

Signature

Principal Signature

Date

Superintendent Signature