

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
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Travel Reimbursement (total miles) _____ x \$62.5
(eff 7/1/22)

TOTAL AMOUNT OF REIMBURSEMENT: \$ _____

Signature

Principal Signature

Date

Superintendent Signature