

# 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 **\$0.56**  
(eff. 1/1/21)

**TOTAL AMOUNT OF REIMBURSEMENT:**      \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature