

Niles City School District
Reimbursement for Attendance at Professional Meeting

Name _____ Position _____

Building: McKinley Middle Intermediate Primary Administration Bus

Professional Meeting _____

Place _____

Date(s) _____

Guidelines:

- Except for mileage; **all receipts must be attached**
- Mileage expense is figured at the IRS rate at time of travel
- A paper copy of map with directions (google, mapquest, etc) must be provided
- Maximum for meals (excluding alcohol) when not provided by conference
 - Breakfast \$15.00
 - Lunch \$15.00
 - Dinner \$25.00

Expenses Incurred:

Mileage: Number of Miles _____

*** *Reimbursement only provided for travel outside of Trumbull County*

Registration: _____

Lodging: Place _____

Meals: Total Days _____

Parking: _____

Tolls (to and from meeting): _____

Total: _____

Employee Signature

Date

Principal Signature

Date

Director School Improvement Signature

Date

Superintendent Signature

Date

Purchase order #: _____

Date BOE Approved: _____