

Fowler Public Schools Reimbursement Form

Name _____

| DATE | DESCRIPTION | LOCATION | TRAVEL | MEALS | LODGING | OTHER EXPENSES |
|------|-------------|----------|--------|-------|---------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

NOTE: Receipts must accompany this form when it is turned in to your principal. Mileage will be reimbursed as outlined in your contract.

Travel \$ _____ Account No. _____

TOTAL Amount Due \$ _____

Meals \$ _____ Account No. _____

Lodging \$ _____ Account No. _____

Other \$ _____ Account No. _____

Employee Signature

Principal Signature

Superintendent Signature