LEDYARD PUBLIC SCHOOLS - REIMBURSEMENT FORM

Name		School/Offi	ce	
Mi	leage should b	be recorded on ba	ack of this f	orm
Reason for Travel				
Reimbursement Type	Reimbursement Amount	Notes/Comments		General Ledger Account Numbers
Classroom Supplies/Textbooks, etc.				
Fares (plane, train, bus, cab)				
Lodging				
Meals				
Mileage (see back of page)				
Parking				
Registration Fee (Seminar/Symposium/ Conference)				
Tuition				
Other, please explain below				
Other, please explain below				
Other explanation:		,		
To receive payment, emform and receipts including HAVE THESE EXPENDITUR PROPOSAL? YES	n g vendor name, .ES BEEN PREVIOU	date, and total amo	rogram brochu ount.	
Principal		or Dept. Head _		
Approved for Payment				
Signature of Director of Finance and Human Capital			Date Approve	ed
Signature of Superintendent or Designee LOCATION OBJECT FUNCTION			Date Appro	ved

TRAVEL REIMBURSEMENT

<u>Date</u>	ing/Dept				
<u> Traveled</u>	<u>Point</u>				
		Tota	l Miles _	· · · · · · · · · · · · · · · · · · ·	