



NORTHWEST PUBLIC SCHOOLS

1R Cedar Hollow St. Libory
Lockwood Preschool Northwest High School

Expense Reimbursement Request

Please Print/Type

Name: _____

Address: _____

Name of Meeting Attended: _____ Date of Meeting _____

Date	Lodging	Breakfast	Luncheon	Dinner	Miscellaneous	Total
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Maximum Daily Reimbursement for Meals, \$22 per day

Miscellaneous Expenses _____

Mileage: From _____ to _____

Miles _____ x .625 cents per mile = \$ _____

I certify the above expenses were incurred by me in accordance with board policy.

Signature Required:

July 1, 2022