

# Latrobe School District REIMBURSEMENT FORM

*Receipts must be attached for each expense (except mileage)*

*effective 1/9/2023*

Employee Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Date	Description <i>(Include Location, Purpose, etc)</i>	Travel	Lodging	Breakfast <i>\$16 max</i>	Lunch <i>\$17 max</i>	Dinner <i>\$28 max</i>	Auto (no receipt) # Miles @ <b>.655</b>	Conference	Other	Total

Total Expenses:

District Prepaid Amount, including \_\_\_\_\_ Cash Advance:

Amount Payable to: District/Employee:

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Approved by Date

\_\_\_\_\_  
Budget Code