

COVINGTON INDEPENDENT PUBLIC SCHOOLS

25 EAST SEVENTH STREET

COVINGTON, KY 41011

NON-DISTRICT EMPLOYEE REQUEST FOR REIMBURSEMENT

(COMPLETE & RETURN TO COVINGTON BOE TITLE 1 DEPARTMENT – ATTN: DAVANA HERRON)

This is to request reimbursement of expenses incurred while at \_\_\_\_\_

Beginning on \_\_\_\_\_ and Ending on \_\_\_\_\_

Expenses for which reimbursement is requested:

Mileage: \_\_\_\_\_ # of miles \_\_\_\_\_ @ 65.5 cents/mile \$ \_\_\_\_\_  
(city & state)

Other Transportation: \$ \_\_\_\_\_

Meals are only reimbursed from restaurants & when an overnight stay is required. You must turn in a detailed receipt (CREDIT CARD RECEIPTS WILL NOT BE ACCEPTED). We also are not permitted to refund sales tax. Number of overnight stays \_\_\_\_\_ \$ \_\_\_\_\_

Room: # of nights \_\_\_\_\_ @ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

Miscellaneous Expenses (other tips, parking, etc. – please list & attach receipts) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES \$ \_\_\_\_\_

PRINT STAFF NAME

HOME ADDRESS

CONTACT PHONE NUMBER

SIGNATURE OF STAFF MEMBER

DATE

SIGNATURE OF PRINCIPAL/SUPERVISOR

DATE

COVINGTON BOE – ASSISTANT SUPERINTENDENT SIGNATURE

DATE