

**CLEAR DATA**

P.O. # \_\_\_\_\_

COVINGTON INDEPENDENT PUBLIC SCHOOLS

**REQUEST FOR REIMBURSEMENT  
(Overnight Stay Only)**

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

\_\_\_\_\_

Beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Expenses for which reimbursement is requested;

Mileage _____ (No. of miles) @ \$ 65.5 /mile _____ <small>(CITY, STATE) Use mileage chart whenever possible</small>	\$
Other Transportation	\$
Meals are reimbursed only when overnight stay is required at the rate of \$ 46.00 per day. Number of overnight stays _____	\$
Room _____ (No. of nights)@ _____	\$
Registration Fees	\$
Miscellaneous expenses (other tips, etc, Please List)	
Total Estimated Expenses	\$

\_\_\_\_\_  
PRINT STAFF MEMBER NAME

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CONTACT PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF STAFF MEMBER DATE

\_\_\_\_\_  
Signature of Principal/Supervisor DATE

\* Send to Accounts Payable @ Central Office

Revised January 2023

**PRINT FORM**