

**Pike-Delta-York Schools
Request for Reimbursement**

Travel and Other Expenses

Name: _____

Date: _____

Approved By: _____
Building Principal

PO Number: _____

Approved By: _____
Superintendent

Total Expenses: _____

Detail of Expenses:

Destination: _____

Please list hotel: _____

Amount: _____

Include receipt from Hotel – please pay for personal phone calls and expenses
at the front desk prior to leaving the hotel.

Mileage: _____ miles X _____ cents per mile = _____

Tolls: _____
Include receipts

Parking: _____
Include receipts

Meals:

Date	Restaurant	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____