



Buena Vista School District

REIMBURSEMENT REQUEST FORM

NAME \_\_\_\_\_

DATE \_\_\_\_\_

PURPOSE OF REIMBURSEMENT \_\_\_\_\_

LODGING: YES \_\_\_\_\_ NO \_\_\_\_\_ # OF NIGHTS \_\_\_\_\_

MEALS (effective March 1, 2026)

- BREAKFAST @ \$16.00 = \$ \_\_\_\_\_
- LUNCH @ \$19.00 = \$ \_\_\_\_\_
- DINNER @ \$28.00 = \$ \_\_\_\_\_

TOTAL COST MEALS = \$ \_\_\_\_\_

\*\* A single day work-related travel exceeding a normal 8 hour work day, 9 to 12 hours, is eligible for **one** meal reimbursement at the rates listed above.

\*\* A single day work-related travel exceeding a normal 8 hour work day and exceeding 12 hours is eligible for meal reimbursement up to 75% of the total daily amount, though lunch is often included with conference/training. (\$63.00 x 75% = \$47.25).

\*\* Maximum daily meal reimbursement for overnight travel is \$63.00, though a meal is often included with conferences and training.

PARKING \$ \_\_\_\_\_

ADDITIONAL CHARGES \$ \_\_\_\_\_

ATTACH ORIGINAL, ITEMIZED RECEIPT(S) TO THIS FORM TO RECEIVE REIMBURSEMENT.

MILEAGE: \_\_\_\_\_ X .725/MILES \$ \_\_\_\_\_

GRAND TOTAL REIMBURSEMENT \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

DATE \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Principal/ Supervisor Signature

DATE: \_\_\_\_\_