



Buena Vista School District

REIMBURSEMENT REQUEST FORM

NAME _____

DATE _____

PURPOSE OF REIMBURSEMENT _____

LODGING: YES ____ NO ____ # OF NIGHTS _____

MEALS

• BREAKFAST @ \$12.00 = \$ _____

• LUNCH @ \$15.00 = \$ _____

• DINNER @ \$18.00 = \$ _____

TOTAL COST MEALS = \$ _____

* NOT TO EXCEED \$45.00 PER DAY

PARKING \$ _____

ADDITIONAL CHARGES \$ _____

ATTACH ORIGINAL, ITEMIZED RECEIPTS TO THIS FORM.

MILEAGE: _____ X .725/MILES \$ _____

GRAND TOTAL REIMBURSEMENT \$ _____

Signature DATE _____

Printed Name

Principal/ Supervisor Signature DATE: _____