

**Almont Community Schools Request for Mileage/Food/Parking Reimbursement**

Pursuant to District Policy AG3440a mileage should be recorded from the closest point of origin (whether home or school) to your final destination.



*Fill out the information in each column, have it approved by your building administrator and submit to Central Office. Please attached a mapquest map for each destination.*

Name (printed):

Conference Name:

Date:	Budget Unit	Destination Description	Total # of Miles	Rate 0.56	Total Amt Due (Miles*Rate)
				0.56	
				0.56	
				0.56	
				0.56	
				0.56	
				0.56	
				0.56	
				0.56	
				0.56	
				0.56	
				0.56	
				0.56	
				0.56	
				0.56	
<b>Total Mileage Requested</b>				\$	

**Total Food and Parking**

Food Allowance: \$10/Breakfast; \$10/Lunch; \$15 Dinner x # of days (Attach Original Receipts): \$

Parking for conference (daily rate x number of days)(Attach Ticket/Receipt): \$

**Attachments must include:**

- Itemized Original Receipts for all meals and parking
- Mapquest map to destination

<b>Total Check Amount Requested</b>	\$
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Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Admin. Signature: \_\_\_\_\_ Date \_\_\_\_\_

*\*We recommend you keep a copy for your records!*