

Almont Community School 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 attach a map for each destination.

Name (Printed):	
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Conference Name:	
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2023 (0.655)

Date:	Destination Description	Total # of Miles	Rate (2024)	Total Amount
			0.67	
			0.67	
			0.67	
			0.67	
			0.67	
			0.67	
			0.67	
			0.67	
			0.67	

Budget Unit:		Total Mileage	
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Food Allowance: (\$14/Breakfast; \$17/Lunch; \$29/Dinner)	\$
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Parking for Conference	\$
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Attachments Must Include:
Itemized original receipts for all meals and parking
Map to destination

Total Check Amount Requested	\$
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Employee Signature		
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Date

Admin. Signature		
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Date

Grant Approval		
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Date

Almont Community Schools Credit Card/Receipts Documentation to Business Office

This form is to be turned in with ALL receipts that you are requesting reimbursement for. Descriptions should include exactly what you are seeking reimbursement for. If you had lunch with others and are seeking reimbursement for them as well, you must include their names. If you attended a conference, turn this in with your conference form. ***You may use more than one form.***

Building you are assigned to: _____

Please tape original receipts here. Do not staple.

Please tape original receipts here. Do not staple.

Please tape original receipts here. Do not staple.

Descriptions:

Activities/Org Key

Descriptions:

Activities/Org Key

Descriptions:

Activities/Org Key

Name _____

Date _____

Signature _____

_____	_____	_____
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