

West Burlington Independent School District  
**REIMBURSEMENT REQUEST**

Name: \_\_\_\_\_

FOR OFFICE USE ONLY:

Address: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Date	Information (Give Destination & Purpose)	Mileage		Meal	Hotel	Other*	Total Column (Add 4 - 7)
		Total Miles	@_____/ Mile				
1	2	3	4	5	6	7	8

\*Explain items in column 7 and other unusual items:

\_\_\_\_\_

\_\_\_\_\_

ATTACH RECEIPTS: Hotel bills, meal tickets, transportation tickets, stubs and all other receipts.

I hereby declare that the above amount is due and unpaid for expenses incurred by the undersigned for the period as stated while performing duties pertaining to the position of the undersigned as an employee of West Burlington Independent School District.

\_\_\_\_\_ Date                      \_\_\_\_\_ Employee's Signatures

\_\_\_\_\_ Principal

\_\_\_\_\_ Superintendent