

The School Board of the City of Richmond 301 North Ninth Street, Richmond, VA 23219	REQUEST FOR REIMBURSEMENT OF OUT OF TOWN TRAVEL EXPENSES
---	---

NAME _____
 ADDRESS _____

Social Security #

--	--	--

ATTENDING MEETING OF _____
 AT _____

Certified Correct _____
 (signature of employee making claim)

Date Submitted _____
 School _____
 Department _____
 Program or _____
 Project # _____

APPROVALS

Signature _____

**PERMISSION TO ATTEND
 FORM MUST BE ATTACHED WITH RECEIPTS**

Show by Date	Air, Train & Bus Tickets*	Mileage No. Miles*	Hotel Room*	Registration Fee*	Meals	Tips*	Other*
	\$		\$	\$	\$	\$	\$
Total	0	0	0	0	0	0	0

***RECEIPTS MUST BE ATTACHED**
 For mileage web site documentation (i.e. MapQuest)

MILEAGE	0	-
OTHER TOTAL EXPENSES		-
LESS: ADVANCE		
DUE TO EMPLOYEE		-
DUE TO SCHOOL BOARD		

Code Number

--

REIMBURSEMENT AMOUNT

--