Purchases for Reimbursement must be approved in advance. SEK Interlocal#637 Request for Reimbursement

Name		Date	
Date(s) of Expense FromT	0	
Locat Expe	tion/Description of		
1.	Meals (\$45.00 per day with receipts)		\$
2.	Other (as requested/pre-approved) A B C		\$
	Т	otal Reimbursement Requested	\$
Submitted by		School	
1. 2. 3. 4.	Complete form and submit to the Interlocal#637 business office. Meals. If approved, reimbursement may be made for meals up to \$45.00 per day. Signed receipts must be submitted for reimbursement. Other expenses: itemize these and attach receipts. All receipts need to be signed. Reimbursement for professional development is based upon pre-approval. Purchase of materials, books, equipment requires pre-approval.		
****Fı	lotel/Hotel signed receipts should be sent to the uel Card signed receipts should be sent to the I approved for mileage, please complete mileage	nterlocal Office following your conference	rence. ence.