



YALE PUBLIC SCHOOLS – REQUEST FOR REIMBURSEMENT FOR EXPENSES

THIS FORM & SUPPORTING EVIDENCE (RECEIPTS) MUST BE SUBMITTED WITHIN 10 DAYS FOLLOWING THE MEETING.

EMPLOYEE NAME: _____ DATE: _____

CONFERENCE ATTENDED: _____

LOCATION: _____ DATE: _____ TIME: _____

ACTUAL EXPENSES:

TRANSPORTATION	MILES		\$
MEALS	NUMBER		\$
LODGING	NIGHTS		\$
REGISTRATION			\$
OTHER			\$

PRINCIPAL'S SIGNATURE: _____

PDC Funds \$ _____ PDC

PDC Funds \$ _____ PDC

Approved: Not Approved: Reason: _____

Comments: _____

Superintendent/Assistant Superintendent Signature

Date

Copy To:
PDC
Business Office
Employee

OFFICE USE ONLY:

CHECK ISSUED: _____

ACCOUNT # _____

DATE: _____