



Lebanon R-III School District Reimbursement Request

Please use this request form for NON PD reimbursement requests. This is a fillable PDF, so please download and fillout on the computer. Please state which department will be reimbursing the expense. If you are not sure, contact the individual who approved your expense.

Name: _____ Building/Department: _____

Reimbursement for (department): _____

Date of Request: _____ Building Principal: _____

Reimbursement Policies and Procedures:

- Meals will be reimbursed as follows:
 - \$30 per day including sales tax and up to 20% gratuity will be reimbursed. *Gratuity must be written on receipt.*
 - Receipts **must be itemized** and may not include alcoholic beverages.
 - Reimbursements will not be given if receipt is not attached.
 - Meals will not be reimbursed when a meal is offered at a conference.
- Mileage will be reimbursed as follows:
 - \$0.535 per mile, roundtrip, actual mileage

Reimbursement Breakdown:

Date	Breakfast	Lunch	Dinner	Daily Total
TOTAL MEAL REIMBURSEMENT				
Total Roundtrip Miles: _____ X $\frac{\text{_____}}{(\$0.535)} =$			Total Mileage Reimbursement	
TOTAL REIMBURSEMENT				=

Fill out, print, attach receipts, sign, and give to building principal or program director.

Staff Signature: _____ Date: _____

Principal/Director Signature: _____ Date: _____