

Hudson Public Schools
Employee Reimbursement for Travel/Conferences

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|--------------------------------|
| Reviewed By: _____ |
| Date: _____ |
| (For Business Office Use Only) |

Purchase Order No: _____

| Date | Destination/Purpose | Miles | Reimbursement Amount | | | |
|-------------|---------------------|-------|----------------------|---------|-------|-------|
| | | | Mileage x .40 | Lodging | Meals | Other |
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| Sub Totals: | | | | | | |

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|--------------|
| TOTAL |
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Mileage Rate = .40 per mile (Please indicate beginning and ending location)
PLEASE INCLUDE A COPY OF MAPQUEST DIRECTIONS FOR ALL MILEAGE REQUESTS
Breakfast = \$10/maximum
Lunch = \$15/maximum
Dinner = \$20/maximum

Make check payable to: _____

Address: _____

Employee Signature: _____

Date _____

Principal/Director: _____

Date _____

Supt/Dir Finance: _____

Date _____

Hudson Public Schools
List Expenditures*Attach Original Receipts*Obtain Approvals
Employee Reimbursement for Travel/Conferences
Submit this form to Principal/Director with all attachments