

Palmdale Elementary Teachers Association

38713 Tierra Subida, Suite 200 #361
Palmdale, California 93551

Request for Reimbursement

Date: _____

Name: _____ School: _____

Phone: _____ Date(s) of expense: _____

Requester Signature: _____

***** *Receipts for all expenses (except mileage) must be attached* *****

Conference:

Registration Fee _____

Lodging _____

Transportation _____

Meals _____

Mileage _____ (Round trip total _____ miles x \$0.655 = _____)

Other Expenses:

Other – describe _____

Other – describe _____

Other – describe _____

Total Paid \$ _____

Check # _____ Date Paid _____ Budget Approved _____

Budget Expense Code _____

Signatures:

Approval _____ (Treasurer) Date _____

Approval _____ (President) Date _____