

***Palmdale Elementary Teachers Association***

38713 Tierra Subida, Suite 200 #361

Palmdale, California 93551

**Request for Reimbursement - 2025-26**

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 \$0.725 = \_\_\_\_\_)

**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 \_\_\_\_\_