



SCCSIG

Reimbursement Form

Pay Period	
From:	<input type="text"/>
To:	<input type="text"/>

Purpose: _____

Employee Name: _____

Department: _____

Make Check Payable to: _____

Manager: _____

Date	Description	Mileage (In Miles)	Lodging	Air & Trans.	Meals* & Tips	Other	Total
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		0.00	0.00	0.00	0.00	0.00	\$ -

Note: Current 2019 IRS Mileage reimbursement = \$ 0.580

Total Reimbursement = \$ -

(If submitting for Member Professional Development maximum annual amount allowed per district is \$2500.00)

Meals* Per Diem:
 Breakfast: \$10.50 maximum including tip
 Lunch: \$17.00 maximum including tip
 Dinner: \$28.50 maximum including tip

*** Don't forget to attach receipts ***

Itemized Expenses or Description for "Other"

Date	Description	Amount

Submitted By _____ **Date** _____

Authorized By _____ **Date** _____