

REIMBURSEMENT REQUEST
Accounting Department
Lincoln Public Schools

Date: _____

Employee ID Number: _____ Name: _____ School: _____

Name of Activity: _____ Activity I.D.: _____

Date(s) of Activity: _____ Location of Activity: _____

GUIDELINES FOR EXPENSE REIMBURSEMENT

Prior to Leave: 1. Claimant completes Reimbursement Request and sends the form to the administrator(s) who agreed to cover expenses. 2. Administrator will indicate the maximum amount approved for expenses, sign the form and return the form to the claimant. 3. Attach to Request for Leave form and submit to your principal or supervisor for approval.

Upon Return: 1. After the activity is completed, the claimant will: a) List the expenses incurred. b) Attach receipts for all expenses, including travel, lodging, meals and registration. c) Sign the form. d) Send the form and all documentation to the administrator(s) whose account(s) will be encumbered. 2. The administrator, whose account will be used to pay for the expenses, will: a) Specify the amount approved. b) Provide the account number. c) Sign in the space provided below the account number. d) Send the form and documentation to Accounting for processing.

Complete prior to requesting leave

Travel Item	Estimated Expenses	Maximum Approved (Written Verification Required)
Travel: Auto _____miles* Air _____ Other _____	\$ _____	\$ _____ (Signature)
Lodging for _____days	\$ _____	\$ _____ (Signature)
Meals for _____days	\$ _____	\$ _____ (Signature)
Other Expenses: <input type="checkbox"/> Registration _____ _____	\$ _____	\$ _____ (Signature)
Total		

Complete upon return

Expenses Incurred	Amount Approved	Account Number (Signature Required)**
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____

*Mileage log must be attached.

**If all expenses are covered by one administrator then one signature in total column is sufficient.

Signature: _____

Original form, receipts, account numbers and appropriate signatures are required before reimbursement is processed.

Audit for Payment: _____ (Auditor)

I hereby certify that this claim is correct and is unpaid.

Date: _____

Date

Claimant Signature