Lourdes Public Charter School

Code: DLC-AR(2)

Revised/Reviewed: 4/28/25

Staff Expense Reimbursement Request Form

Name of claimant: Date:

Address/City/Zip Code:

School/Location:

Time period covered: to

Event:

**Expense Reimbursement Amount**

Mileage @ IRS rate =

Lodging =

Meals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Breakfast | Lunch | Dinner |  |
|  |  |  |  | = |
|  |  |  |  | = |
|  |  |  |  | = |

Other incidental expenses (e.g., valet, housekeeping): =

**Total due to 🞏 employee or 🞏 school =**

I certify that the above claim accurately reflects actual expenses incurred by me in authorized school travel.

Employee signature: Date:

**All receipts must be attached, substantiating request for reimbursement. Form must be completed totally.** If not preprinted on receipt, write names of restaurant on meals receipts and itemize meals. If more than $15 for breakfast, $18 for lunch and $25 for dinner is expended, please attach an explanation and rationalization. If you paid for persons other than yourself, please list all individuals’ names and positions on receipts or attach additional page, if necessary.

Administrator approval: Date:

Comments: