

ATTACHMENT H - REQUEST FOR PAYMENT OF EXPENSES

Name \_\_\_\_\_

REQUEST FOR PAYMENT OF EXPENSES

Purpose \_\_\_\_\_

Date (s) \_\_\_\_\_

Travel \_\_\_\_\_ miles @ \_\_\_\_\_ per mile \$ \_\_\_\_\_

Motel \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_

Misc. (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Professional Leave Written Report Submitted Yes \_\_\_\_\_ No \_\_\_\_\_

Approved by \_\_\_\_\_  
Principal

Ref: Article 15