

**SCHOOL DISTRICT OF RHINELANDER
MEETING ATTENDANCE REQUEST
(must be submitted at least 10 days prior to date of meeting)**

NAME _____ DATE SUBMITTED _____
 TITLE OF MEETING _____ LOCATION OF MEETING _____
 ATTENDANCE DATES _____ TIME AWAY FROM JOB _____
 JUSTIFICATION FOR RELEASE (attach copy of program) _____

*****NOTE: Staff is required to remain at the meeting during its scheduled time period.
(To be completed BEFORE trip)**

This section to be completed by Requestor	
	<u>Requested Reimbursement</u>
Transportation	_____
Lodging	_____
Meals	_____
Substitute (\$110.00/Day)	_____
Registration	_____
Other	_____
TOTAL	

This section to be completed by Supervisor	
	<u>Approved Budget</u>
Transportation	_____
Lodging	_____
Meals	_____
Substitute	_____
Registration	_____
Other	_____
TOTAL	

Immediate Supervisor / Date _____

Principal/ Date _____

*** Please verify prior to approval (using the account codes below) they have appropriate funding.

*** There will be no meal reimbursement when meals are included in the registration costs.

**ACTUAL EXPENSES
(to be filled out AFTER trip)**

TRAVEL Fares (receipts required) or Mileage (.535 cents/mile) _____ \$ = **Total Travel** \$ _____

LODGING (receipts must be submitted if a purchase order is not used) _____ **Total Lodging** \$ _____

MEALS/TIPS (Reimbursement will NOT be done unless detailed receipts are attached)

Reimbursement Schedule: Breakfast \$8.00 - Lunch \$12.00 - Dinner \$20.00

***Tips will be reimbursed at no more than 15% of your meal, not to exceed maximum reimbursement.

DATE	Meal Type	MEALS	TIPS	TOTAL	DATE	Meal Type	MEALS	TIPS	TOTAL
_____		_____	_____	= _____	_____		_____	_____	= \$ _____
_____		_____	_____	= _____	_____		_____	_____	= \$ _____
_____		_____	_____	= _____	_____		_____	_____	= \$ _____
_____		_____	_____	= _____	_____		_____	_____	= \$ _____
								Total Meals/Tips	\$ _____

MISCELLANEOUS (explain and attach detailed receipts) _____

Total Miscellaneous \$ _____

TOTAL CLAIM (travel + lodging + meals/tips + miscellaneous) \$ _____

Employee Signature / Date _____

*** Immediate Supervisor/Principal/Date _____

***If reimbursement per line item is over the original request. _____

Account Number _____