

MONROEVILLE LOCAL SCHOOLS

MEETING AND MILEAGE EXPENSE REIMBURSEMENT

NAME _____

Date	Location/Purpose	Miles	Hotel Max \$100/day	Parking	Meals Max \$35/day	Other

Total Miles _____ @ \$0.50 \$ _____

Total Professional Leave Expenses \$ _____

ATTACH RECEIPTS

Total Due \$ _____

Approved: _____
Principal/Supervisor

Superintendent