

**Request for Reimbursement of Expenses**  
**McCracken County Board of Education**

**F-200**  
**(Front)**

MEETING  
 NAME: \_\_\_\_\_ ATTENDED: \_\_\_\_\_

LOCATION: \_\_\_\_\_ DATES: \_\_\_\_\_

1. Use this form to list expenditures.
2. Attach receipts for expenditures.

ORG: _____
OBJ: _____
PROJECT: _____

**Travel Expense Detail**

DATE	BREAKFAST		LUNCH		DINNER		LODGING		MISC.		TOTAL DAILY EXPENSES	
Total Meal/Misc. Expenses												
Mileage _____ @ \$0.34/mile												
Registration Fees												
Charges to Board Credit Card (Attach charge slips.)												
TOTAL To Be Reimbursed												

\_\_\_\_\_  
*Employee's Signature* *Date*

\_\_\_\_\_  
*Principal/Administrator's Signature* *Date*