

**Iraan-Sheffield Independent School District
Request for Funds
(Employees)**

Name: _____ Vendor # _____

This request is for: Advancement of Funds Reimbursement
(Receipts are required for reimbursement. The District has a set maximum limit on reimbursable charges.)

Requisite Date of Advance _____

Destination of Trip _____

Purpose & Date of Trip _____

Registration/Conference Fees _____

Lodging

Name of Hotel	# nights	per night	

Meals	Breakfast	Lunch	Dinner
<i>The district per diem rate is \$12.00 per meal (\$36.00 per day).</i>			

Mileage _____ miles X \$0.50 _____

Prior approval must be given by your supervisor/administrator in order for an employee to be reimbursed or advanced money for using a personal vehicle on a school-related trip. You may use mapping software or actual odometer readings to determine mileage.

Other Expenses: (Please list ... Receipts are required)

TOTAL AMOUNT OF FUNDS REQUESTED _____

****Upon return, you must provide verification of trip expenses.****

Employee	Date	Principal/Director	Date
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Account Distribution: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

Account Distribution: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____