

USD 286  
Board of Education  
302 North Sherman  
Sedan, KS 67361

**Reimbursement Request**

Date for which reimbursement is requested: \_\_\_\_\_

Purpose: \_\_\_\_\_

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1. \_\_\_\_\_ miles @ the state rate/mile. Total Mileage Reimbursement \_\_\_\_\_

2. Itemize other expenses below: (meals, lodging, supplies, etc.)

**(Receipts must be attached for reimbursement)**

Paid to or purchased from	Amount
_____	_____
_____	_____
_____	_____
_____	_____
	<b>Total</b>

Date requested \_\_\_\_\_

\_\_\_\_\_  
Name/Signature of person making request

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Approved by BOE: \_\_\_\_\_