REQUEST FORM

☐ MEETING ☐ MILEAGE REIMBURSEMENT ☐ OTHER EXPENSE REIMBURSEMENT

All requests require supervisor approval. Please submit in a timely manner. Staff will be reimbursed via payroll. If a paper check is required, please indicate below and include your name and address, as you would like it to appear on the check.

Name:

Event Name & Purpose:

Event Date(s) & Time(s):
Event Location:

Check if you needed: ☐ Release time ☐ Community Event ☐ OTHER:

Leave: *(Enter time and/or days, if multiple)*
Return: *(Enter time and/or days, if multiple)*

NOTES:

Mileage Reimbursement Request: The 2024 IRS Mileage Reimbursement Rate for travel is 67 cents per mile. Attach map for mileage reimbursement request.
Mileage should be recorded as START LOCATION to DESTINATION to END LOCATION = XX miles @ 0.67 per mile = $XX.XX
Other Expense Reimbursement Request: Attach original receipts. Submit within one week of incurring expense.

DATE	DESCRIPTION OF EXPENSE	AMOUNT	ACCOUNT
	Total:		

APPROVED BY: _____ _____
NAME - DEPARTMENT DATE