

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 2026 IRS Mileage Reimbursement Rate for travel is 72.5 cents per mile. Attach map for mileage reimbursement request.

Mileage should be recorded as START LOCATION

Other Expense Reimbursement Request: Attach original receipts. Submit within one week of incurring expense.

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APPROVED BY:

NAME - DEPARTMENT

DATE