



MAINE INDIAN EDUCATION
Beatrice Rafferty, Indian Island, and Indian Township Schools

REQUEST FOR REIMBURSEMENT
(Expenses pre-approved on the Professional Leave Request Form)

Date _____

I, _____, attended the conference/meeting at
_____ on _____.

ROOM	
MILEAGE	
MEALS	
PARKING	
TAXI	
MISCELLANEOUS	
1% FOR T.C.'S	
TOTAL	
LESS ADVANCE	
BALANCE	

Please attach copies of all receipts for which reimbursement is requested.

Receipts are not necessary for meals; approved per diem rates are as follows:

In-State	Breakfast \$10	Lunch \$15	Dinner \$25
Out-of-State	Breakfast \$15	Lunch \$25	Dinner \$40

Superintendent's Signature

Date