

**ATHOL-ROYALSTON REGIONAL SCHOOL DISTRICT
REIMBURSEMENT FORM**

DATE: _____

PAY TO THE ORDER OF:
ALL INFORMATION MUST BE FILLED IN

NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

*NOTE: IF REFUND FOR EXPENSE, ALL
RECEIPTS MUST BE ATTACHED.
NO TAX WILL BE REIMBURSED.*

DATE	DESCRIPTION	ACCOUNT/GRANT	AMOUNT
TRAVEL REIMBURSEMENT:			
DESTINATION / REASON:			
ACCOUNT/GRANT:			
MILEAGE:	BEGINNING:	ENDING:	
TOTAL MILES @ .30 A MILE			
Attach MapQuest directions			
			TOTAL \$

*ALL INFORMATION, IF APPLICABLE, MUST BE COMPLETED OR THE FORM WILL BE RETURNED

THE SERVICES WERE PROVIDED WITHOUT PURCHASE ORDER. RECEIPT IS CERTIFIED AND PAYMENT AUTHORIZED. SIGNED UNDER PENALTY OF PERJURY.

SIGNATURE OF PURCHASER / TRAVELER

ACCOUNT TO BE CHARGED / BUSINESS MANAGER

PRINCIPAL/ DIRECTOR OF PUPIL SERVICES

SUPERINTENDENT OF SCHOOLS