SISTERS PARK AND RECREATION DISTRICT TRAVEL REIMBURSEMENT REQUEST

| Date(s) | Itinerary/Event/Reason for travel | Personal Car Miles | \$0.545/mile | Meals | Lodging | Other | To | otal |
|---------|-----------------------------------|-----------------------|--------------|-------|---------|-------|----|------|
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| | | | \$ - | | | | \$ | - |
| TOTALS | | 0 | \$ - | \$ - | \$ - | \$ - | \$ | - |

| CHECK MADE PAYABLE TO: | CHARGE ACCOUNT NO(S): | | | | |
|------------------------|-----------------------|--|--|--|--|
| | | | | | |
| | | | | | |
| SIGNATURE OF RECIPIENT | DATE: | | | | |
| | | | | | |
| SUPERVISOR APPROVAL | DATE: | | | | |

NOTES:

All meal reimbursements require both the detail receipt and payment receipt. Original receipts for all purchases must be attached to receive reimbursement. All reimbursements are subject to approval by the Executive Director.