



FITZGERALD PUBLIC SCHOOLS

23200 Ryan Road
Warren, MI 48091-1999

Travel Reimbursement Form

Make check (Payable) to:

Address:

Payee Classification:

- EMPLOYEE
- CONTRACTOR
- OTHER _____

			Employee ID:	
			(If Applicable)	
City	State	Zip		

Date	Place or Person Contacted and Purpose of Activity	Number of Miles	Amount at \$0.67/mile	Cost of Meals	Cost of Lodging	Registration or Other (Describe)
				-	-	
				-	-	
			-	-		
			-	-		
			-	-	-	-
Subtotals		0.00	\$ -	\$ -	\$ -	\$ -

Total Check Amount **\$ -**

Signature **Date**

Prepared by		
Building Principal or Department Head		
Curriculum Office		
Business Office		
Student Services		

ASN/Account Number: _____

Required documentation:

- For payees other than district employees, a completed W-9 Form must be on file in the Business Office.
- 1. For reimbursement of out-of-pocket expenses, use multiple copies if necessary. Attach original dated receipts to back of form.
- 2.

***Incomplete Forms May Delay Processing**