OTL Reimbursement Form

**MUST be turned in within 2 weeks of the trip

Name:

School: Mailbox #:

Phone #:

Email:

Trip Date(s):

Trip Destination(s)/Trip Name:

Expense Type (check all that apply):

□ Gas* Amount requested:
Miles Driven:
# of cars on Trip:

□ Permits Amount requested:

□ Gear Amount requested:
Item:
Staff initials of approval:

□ Certification Amount requested:
Type:

□ Food** Amount requested:
Number of people:

□ Other Amount requested:
Description:

Total Amount Requested:

* Gas is reimbursed at 15¢ per mile, up to $75
** Food reimbursements only granted for Spring Break Trips

Signature:

……

(Please do not write below the dotted line)

Total Owed:

Processed By:

Date:

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