



Colorado Springs School District 11  
Board of Education Member  
**Master Expense And Reimbursement Request Form**

Board Member's Name (please print) \_\_\_\_\_ Office \_\_\_\_\_

Address \_\_\_\_\_ City, St., & Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Meals at Meetings** (Original itemized receipts must be attached)

Date \_\_\_\_\_ \$ \_\_\_\_\_ Individual's Name(s) \_\_\_\_\_

Purpose of Meeting \_\_\_\_\_

Date \_\_\_\_\_ \$ \_\_\_\_\_ Individual's Name(s) \_\_\_\_\_

Purpose of Meeting \_\_\_\_\_

**Other Reimbursable Expenses** (Original itemized receipts must be attached)

Purpose \_\_\_\_\_ \$ \_\_\_\_\_

Purpose \_\_\_\_\_ \$ \_\_\_\_\_

**Conference** (Original itemized receipts must be attached)

Conference Name/ Destination \_\_\_\_\_

Checks to be issued (name and address)

TO: \_\_\_\_\_

TO: \_\_\_\_\_

TO: \_\_\_\_\_

	<u>Estimate</u>	<u>Actual</u>		<u>Estimate</u>	<u>Actual</u>
Registration/Fees	\$ _____	\$ _____	Hotel	\$ _____	\$ _____
Meals # _____	\$ _____	\$ _____	Travel/Mileage	\$ _____	\$ _____
Ground/Car Rental	\$ _____	\$ _____	Other (itemize)	\$ _____	\$ _____

Board Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the material/services identified above are in accordance with Board of Education Policy BID-BIE and the payment of is within the adopted budget.

Authorized Approval \_\_\_\_\_ Date \_\_\_\_\_

Account Number to be charged \_\_\_\_\_

The Board Treasurer approves all Board Member reimbursements. The Board President approves the Treasurer's reimbursements. The purpose and the date of the expense must be stated on all receipts and supporting documentation.

*Copy Distribution: Board Member, Assistant Board Secretary, and Fiscal Services*