



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