Mileage/Meal Reimbursement Claim Request

Cardinal School | 4045 Ashland Road | Eldon, Iowa 52554
(P) 641-652-7531 | (F) 641-652-3143

Today's Date _____

First Name _____ Last Name _____

Date	Destination	Purpose of Trip	Daily Miles	Daily Meals
		Total Miles at .40 per mile		
		Total Meals		
		Grand Total		

Reimbursement will not be processed without both the Principal and Superintendent signatures.
Please attach all receipts to this form

Principal Signature _____ Date _____

Superintendent Signature _____ Date _____