## **Grants Pass Education Association**

This form must be filled out before any funds can be disbursed. Please take the time to itemize how much was spent and how it was spent. Use the table provided to figure your reimbursement for mileage and meals. The only receipt you'll need to attach is your hotel receipt. Make all the calculations and put the total amount your requesting for reimbursement in the space provided. Reimbursements will be sent to you at school unless you request otherwise.

First and Last Name of Scho												
	a budget item:						Misc.					
Officer Stipend	Travel	Meetings	Supplies	Training	Bargaining	Grievanc	e Exp.	Technology				
Where did you go, what did you do and how long was your stay?												
Amount of Reimbursement												
			Bend	Medford	Eugene	Portland	Quantity					
Meals	Full Day		\$64.00	\$64.00	\$64.00	\$74.00						
	Breakfast o	nly	\$16.00	\$16.00	\$16.00	\$18.50						
	Lunch only		\$16.00	\$16.00	\$16.00	\$18.50						
	Dinner only	,	\$32.00	\$32.00	\$32.00	\$37.00						

	_	Bend	Medford	Eugene	Portland	Quantity	_
Meals	Full Day	\$64.00	\$64.00	\$64.00	\$74.00		
	Breakfast only	\$16.00	\$16.00	\$16.00	\$18.50		
	Lunch only	\$16.00	\$16.00	\$16.00	\$18.50		
	Dinner only	\$32.00	\$32.00	\$32.00	\$37.00		
Mileage		x _	0.67	=			-
Lodging	# of miles	_		=	Reimbur	sement Amount	
	amount paid		OEA			GPEA	-
	(must include receipt)		Reimbursement		Reir	mbursement	
Additional con	nments, if any.				Mileage Meals Lodging Other <b>Total Reimb</b>	Totals + + + pursement	
	\$\$\$\$\$\$\$\$\$\$\$\$ 's use only	-	: \$\$\$\$\$\$\$\$\$\$\$\$\$	\$\$\$\$\$\$\$\$\$		\$\$\$\$\$\$\$\$\$\$ write in this	
Date Received				Date Check I	ssued		
Check Signed by				Check Numb	er		