



MILEAGE/MEAL REIMBURSEMENT CLAIM REQUEST

Date: _____

Cardinal School
4045 Ashland Road
Eldon, IA 52554
641-652-7531
Fax 641-652-3143

Name: _____

DATE	DESTINATION	DAILY MILES	DAILY MEALS	PURPOSE OF TRIP
		TOTAL MILES	TOTAL MEALS	

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

MILES@.30 PER MILE
TOTAL MEALS:
GRAND TOTAL:

Principal Signature: _____

Superintendent Signature: _____