

BRIC EMPLOYEE STAFF
DEVELOPMENT EXPENSES
REIMBURSEMENT FORM 2021

BEMIDJI REGIONAL INTERDISTRICT COUNCIL -- Brenda Story, Executive Spec Ed Director

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REGIONAL STAFF DEVELOPMENT EXPENSE REIMBURSEMENT FORM	
Name:	
Name of Workshop, Meeting or Conference Attended:	

Home Address:	
Work Address:	

	Automobile Travel -- Current IRS Rate Used			Meals - Itemized Receipts REQUIRED			Other Expenses
Date of Expense	FROM	TO	TRIP MILES	Breakfast (Max \$15)	Lunch (Max \$20)	Dinner (Max \$30)	Receipts REQUIRED
SUMMARY TOTALS:							
1. Agenda or other documentation from Training/Meeting/Conference must be attached. 2. Mileage will be paid at the lesser of the distance between individual's home and event or workplace and event.			TOTAL MILEAGE				
			TOTAL EXPENSES				
			TOTAL REIMBURSEMENT				

I declare under the penalties of perjury that this claim is just and correct and that no other payment has been received nor will be claimed for same expenses.	
Claimant Signature: _____	Date: _____
Representative Signature: _____	Date: _____

July 2021