

Hanover Public Schools

Matthew A. Ferron
Superintendent of Schools



Thomas R. Raab, Ed.D.
Business Manager

Deborah St. Ives
Assistant Superintendent

Joan Woodward
Director of Student Services

FISCAL YEAR 07/01/2015 – 06/30/2016
FY16

HANOVER SCHOOL DEPARTMENT
REIMBURSEMENT REQUEST FORM

NAME: _____ DATE: _____

ADDRESS: _____

SCHOOL: _____

REASON: Convention _____ Conference _____ Meeting _____ Course _____
Purchase: _____ Mileage: _____ Other _____

PLEASE ATTACH: CERTIFICATE OF ATTENDANCE WITH CHECK COPY FOR SEMINARS, ETC. Please explain fully including location details and dates, etc.

Location _____ Town _____

Date of Event _____ Amount \$ _____

Mileage @ .575 mile _____ Amount \$ _____

TOTAL AMOUNT REQUESTED: \$ _____

Approved By: _____ Date: _____

Note: Itemized receipts must accompany request, along with registration forms, check copy (front and back) or credit card statement copy. Toll receipts are also necessary if applicable. TOWN HALL REQUIRES RECEIPTS FOR REIMBURSEMENTS. Sales tax will be subtracted from all receipts submitted.

CHECK PAYABLE TO: _____

AMOUNT: \$ _____

Business Office Approval

Date