

Hanover Public Schools

Matthew Ferron
Superintendent of Schools

Kaitlin Morelli
Director of Student Services

Deborah St. Ives
*Assistant Superintendent
for Curriculum & Instruction*



Michael Oates
*Director of Finance
& Operations*

**FISCAL YEAR 2024
7/1/2023 - 6/30/2024
HANOVER SCHOOL DEPARTMENT
REIMBURSEMENT REQUEST FORM**

NAME: _____ DATE: _____

HOME ADDRESS: _____

SCHOOL: _____ PURCHASE ORDER #: _____

REASON: Convention: _____ Conference: _____ Meeting: _____ Course: _____

Purchase: _____ Mileage: _____ Other: _____

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

Location: _____ Town: _____

Date of Event: _____ Amount: \$ _____

Mileage: 67 cents per mile effective 1/1/24: _____ Amount: \$ _____

TOTAL AMOUNT REQUESTED: \$ _____

Approved By: _____ Date: _____

Note: Itemized receipts must accompany the 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