



1451 S. Cherry Lane, White Settlement, Texas 76108
(817) 740-3600 Fax (817) 740-7600

Private Non-Profit Reimbursement Form

Payable To: _____ Last 4 of SS #: _____

Complete Mailing Address: _____

Private Non-Profit School: _____

Title of Meeting/Training: _____

Location: _____ *Date(s) (mm/dd/yy): _____

ESC Specialist: _____

Justification of Expenditure: _____

Type of Reimbursement -Travel/Conference only _____

Attached Receipts Check List

Table with 9 columns: Meal Receipts, Hotel Receipt, Conference Registration, Boarding Pass, Baggage Receipt, Rent Car Receipt, Cab/Uber Receipt, PerDiem, W-9. Each column has a line for marking.

MILEAGE: Based on Trip Optimizer, lesser of the amounts OR local travel .575 per mile x _____ miles = " MILEAGE: \$ _____

LODGING: Hotel receipts must be attached that show a \$0.00 balance

Number of nights: _____ Maximum amount for lodging per night is state rate LODGING: \$ _____

CONFERENCE REGISTRATION: REGISTRATION FEE: \$ _____

MEALS: Based on Per Diem

Meal Allotment is \$ _____ per day - First & last day at 75% is \$ _____ per day MEALS: \$ _____
Itemized meal receipts must be attached.

Miscellaneous: Receipts must be attached. " _____" Misc: \$ _____
Baggage fee, Parking, Transportation (taxi/Uber/shuttle), other _____

TOTAL DUE: \$ _____

Signed: _____ Date: _____
Private Non-Profit Participant

Signed: _____ Date: _____
Private Non-Profit Director/Superintendent

ESC Region 11 Use Only

Approved: _____ Date: _____
Director, Education Service Center Region 11

Approved: _____ Date: _____
Business Office, Education Service Center Region 11

Expenditure Code: _____ Vendor #: _____

Expenditure Code: _____