



Miami-Dade County Public Schools
Division of Athletics, Activities and Accreditation

Request for Payment
for AdvancED Representatives

FROM _____

DATE _____

AdvancED Representative

ITINERARY		
Departed _____	_____	_____
City and State	(Time)	(Date)
Arrived Miami at _____	_____	_____
	(Time)	(Date)
Departed Miami at _____	_____	_____
	(Time)	(Date)
Arrived at Return Destination _____	_____	_____
	(Time)	(Date)

PAYMENT DUE

Transportation:

<input type="checkbox"/> Public Carrier (Attach Receipt)	\$ _____
<input type="checkbox"/> Taxi or Limousine (Attach Receipt)	_____
OR	
<input type="checkbox"/> Mileage (_____ miles at \$0.565)	_____
<input type="checkbox"/> Toll Charges (Attach Receipt)	_____
<input type="checkbox"/> Lodging (Attach Receipt)	_____
Meals	
<input type="checkbox"/> Breakfasts (\$7.00 X _____ days)	_____
<input type="checkbox"/> Lunches (\$11.00 X _____ days)	_____
<input type="checkbox"/> Dinners (\$23.00 X _____ days)	_____
Other (identify) <input type="checkbox"/> _____	_____
_____	_____
_____	_____
TOTAL REIMBURSEMENT REQUESTED	\$ _____

I have served as an AdvancED Representative visiting for systems accreditation from _____ to _____
 _____ (Time) _____ (Date)
 _____ and certify that the above services have been rendered and travel expenses have been
 _____ (Time) _____ (Date)
 incurred or paid by me in the official capacity and have not been reimbursed. The total shown is due and payable
 to me.

Signed: _____ AdvancED Representative