



**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)
 _____ (Time) _____ (Date) and certify that the above services have been rendered and travel expenses have been 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