

**KALISPELL SCHOOL DIST NO. 5
TRAVEL ALLOWANCES FOR COACHING
REIMBURSEMENT FORM**

DATE:

NAME:

SCHOOL
OR MAILING ADDRESS:

Budget code: 101/201-12-160-2300-0581

☐ Coaches of KMS sport not teaching at KMS - \$40.00

☐ Coaches of FHS/GHS sport not teaching at FHS/GHS - \$55.00

Please list the coaching assignment and dates of travel.

Signature: _____

Date: _____

Supervisor Approval: _____

Date: _____

When form is completed, print form, sign and get supervisor signature, and return to the Accounts Payable department of the Business Office. **Note: (reimbursement can not be made until the conclusion of coaching assignment)**