**Statewide Superintendents Collaboration, Lafayette, Louisiana**

**July 16th, 2013**

**REQUEST FOR HOTEL REIMBURSEMENT**

**District Name:**

**Address:**

**City/State/Zip:**

**District Contact for reimbursement** (name and e-mail):

**The state will cover the cost of hotels for participants for the evening of July 15th, up to the state rate of $85 (*plus occupancy and local taxes*) per participant.**

Reimbursement for lodging costs is being requested as follows:

**Number of Participants:**

**Total Amount of Reimbursement for this event:** $

**Superintendent Name** (Please Print)

**Signature** (Must be signed for reimbursement)

**Attach participants’ zero balance hotel invoices and mail to:**

Louisiana Department of Education

**Attn: Bertha Beard**

PO Box 94064

Baton Rouge, LA 70804

**Ph: 225-342-3411**

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**LDOE Staff Program Office Approval Signature**