**Summer Training Lafayette, Louisiana**

**June 12-13, 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 evenings of June 11th and 12th, up to the state rate of $85 (plus occupancy and local taxes) per participant.**

Reimbursement for lodging costs are being requested as follows:

**Number of Participants:**

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

**Return by Friday,**

**July 5, 2013.**

**Superintendent Name** (Please Print)

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

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

Louisiana Department of Education

**Attn: Kim Lamonte**

PO Box 94064

Baton Rouge, LA 70804

**If you have any questions or concerns, please email** **louisianateacherleaders@la.gov****.**