

Expense Reimbursement Form

Employee Name: _____ Purchase Order #: _____
 Round-trip daily commute - # of miles: _____ Budget Code: _____
 Departure Date & Time: _____ Return Date & Time: _____
 Purpose of Trip: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Insert Dates								TOTAL
Registration/Tuition								
Breakfast (max \$7)								
Lunch (max \$13)								
Dinner(max \$30)								
Lodging								
Plane/Train								
Cab Fare								
Reimbursable Mileage / Reimbursement at IRS rate (.535)								
<i>** Attach Mapquest or similar for distance traveled and daily commute **</i>								
Parking								
Tolls								
Other								
TOTAL EXPENSES								

Please explain any unusual items: _____

- Please ✓ check the boxes below verifying inclusion of:
- Itemized original receipts for all expenditures
 - Proof of mileage (Mapquest printout) for trip and regular commute
 - Purchase Order

I certify the above expenses were incurred for official School District business.

Employee's Signature Date

Supervisor's Approval Date

Business Office Use Only

Date Received

Assistant Superintendent's Approval Date