



505 Broadway
 Dobbs Ferry, NY 10522
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 http://www.dfsd.org

2020 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								
Lunch								
Dinner								
Lodging								
Plane/Train								
Cab Fare								
Reimbursable Mileage / Reimbursement at IRS rate (57.5 cents)								
** Attach Mapquest or similar for distance traveled and daily commute **								
Parking								
Tolls								
Other								
TOTAL EXPENSES								

Please explain any unusual items: _____

- Please check the boxes below verifying inclusion of:
- Itemized original receipts for all expenditures
 - Copy of the per diem rate sheet for meals
(<https://www.gsa.gov/travel/plan-book/per-diem-rates>)
 - Proof of mileage (Mapquest printout) for trip and regular commute
 - My Learning Plan &/or Statement of Reimbursement if needed
 - 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